Ministry of Health

Ontario

REVIEW OF INSPECTION AND COMPLIANCE IN ONTARIO'S NURSING HOMES

July 1986

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Mr. D.W. Corder
Acting Assistant Deputy Minister
Community and Public Health
9th Floor, Hepburn Block, Queens Park
Toronto, Ontario
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Dear Mr. Corder:

We are pleased to submit our report on the Review of Inspection and Compliance in Ontario's Nursing Homes.

Excellent cooperation has been received from Ministry staff, nursing home owners and administrators, and many other interested parties. We believe this is a good omen for future collaboration in improving the nursing home system for Ontario's elderly and disabled citizens.

This has been a most interesting assignment for us, and we wish the Ministry every success with the implementation of the changes that have been recommended.

Yours truly,

Woods Gordon

Woods Gordon

c.c.: A. Grant
C. Cornell

REVIEW OF INSPECTION AND COMPLIANCE
IN ONTARIO'S NURSING HOMES

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EXECUTIVE SUMMARY

This study was commissioned by the Ministry of Health to fulfill two objectives:

- To fully examine the current strengths and weaknesses of the nursing home inspection system in Ontario and recommend changes to the system to correct existing inadequacies; and

- To examine and report on compliance by nursing homes in Ontario to existing regulations and to inspection orders and recommend enhanced methods of tracking and enforcing compliance.

This report presents the findings and recommendations related to these two objectives. It is based on information obtained through a wide range of study activities including:

- interviews with Ministry management and Nursing Homes Branch personnel;

- open meetings with nursing home owners and administrators in London, Ottawa, Sudbury and Toronto, as well as separate meetings with three of the large nursing home corporations;

- meetings with the key advocacy groups;

- four questionnaire surveys distributed to:

  - Branch inspectors;
  - Branch management and support staff;
  - nursing home owners; and
  - nursing home administrators;

- review of internal and external documents; and

- analysis of data on the frequency of inspections and the incidence of violations.

The open style of the study process allowed all interested parties an opportunity to provide input to the review.

MAJOR FINDINGS

The report discusses the review findings in some detail and presents relevant data where available. As an overview, the key findings were the following:

- o The objectives of the inspection system appear to have shifted over the years between "consultation" and "enforcement", with a recent heavy emphasis on enforcement.
- o The current enforcement emphasis has produced an adversarial climate between the Branch and many of the nursing homes, seriously eroding previous situations of goodwill.
- o There is no effective procedure for ensuring that scarce inspection resources (staff time) are focused on the issues of greatest importance to resident health and safety.
- o There is apparent duplication of inspection capabilities between the Branch and other agencies, particularly with regard to fire safety and environmental health inspection.
- o The Ministry has not been successful in developing an effective consultation or appeal process with nursing homes.
- o The existing regulations require substantial revision to bring them up-to-date and make them enforceable.
- o Although compliance appears to have improved in recent years, further improvement is possible.
- o The Branch's prosecutions activity is inconsistent, subjective and inadequately focused on serious areas of non-compliance (partly because of the lack of enforceable legislation).
- o An inspection system for nursing homes is necessary; accreditation is not a viable substitute.
- o Human resources management in the Branch has been deficient in several areas (recruitment, orientation, training, supervision, and performance appraisal), and morale is poor.
- o Information management in the Branch requires major improvement to support a more effective and efficient approach to inspection and enforcement.

MAJOR RECOMMENDATIONS

Based on the review findings, the following major recommendations have been proposed:

- That the objectives of the inspection system (to promote the health, safety, comfort and rights of nursing home residents) should be clarified and widely communicated.
- That the routine compliance inspection function should be separated from the enforcement function so that a more positive, constructive approach can be taken with the majority of nursing homes. Meanwhile, a more consistent, objective and focused enforcement program should be used with the minority of poor performance homes.
- That new mechanisms should be established to increase consultation with nursing homes and to ensure an effective appeal process.
- That fire safety and a major portion of the environmental health inspection functions be transferred to the Fire Marshall's Office and the public health units to increase inspection frequency and reduce response time to incidents.
- That a Compliance Management System be developed which identifies the relative importance of different factors to resident health and safety, and ensures that Branch resources are appropriately allocated.
- That the Ministry continue with its efforts to revise the legislation, in consultation with other interested parties.
- That major improvements be undertaken in information and human resources management in the Nursing Homes Branch.

There appears to be a fairly high degree of consensus in the system around the findings from this review, and it is believed that a similar degree of consensus will be achieved with regard to the overall direction of change recommended in this report. With the steady aging of the Ontario population, it is important that all constituencies in the nursing home system can collaborate on developing solutions and improvements that will ensure a strong Extended Care program for the future.

TERMS OF REFERENCE

OBJECTIVES

- To fully examine the current strengths and weaknesses of the Nursing Home Inspection System in Ontario and recommend changes to the system to correct existing inadequacies.

- To examine and report on Compliance by Nursing Homes in Ontario to existing regulations and to inspection orders and recommend enhanced methods of tracking and enforcing compliance.

PROJECT ACTIVITIES

- To review the following areas of the Nursing Home Inspection System:

  - System Objectives
  - Basis of Inspection
    - Nursing Homes Act & Regulations
    - Existing Policies, Procedures, Guidelines
  - Methodologies Used in Inspection
    - How inspections are carried out
    - Rating or ranking system
  - Human Resources Used in Inspection System
    - Recruitment practices
    - Standards
    - Training
    - Accountability
    - Attitude
  - Information Systems
    - Data Collection
    - Reporting
    - Information sharing i.e., health units
  - Relationships
    - Other areas of the Ministry
    - Public Health Units
  - Management Reporting and Decision Making Processes

- To review the following areas related to Compliance:

  - A review of current record of compliance to:
    - Nursing Homes Act & Regulations
    - Inspection Orders
    - Other Existing Policies and Guidelines
  - Weaknesses in enforcement of compliance
  - Role of Nursing Homes Branch in enforcing compliance at all organizational levels:
    - Inspectors
    - Management (operational)
    - Legal
  - Nursing Homes' attitude to compliance
    - Major grievances/complaints
    - Suggested changes
  - Residents/Representatives' attitude to compliance
    - Unresolved grievances/complaints
    - Suggested changes

- To make recommendations concerning the following issues:

  - The weaknesses of the Nursing Home Inspection System
  - Changes needed to ensure better compliance
  - Organizational implications for the Nursing Home Branch as a result of the above in terms of:
    - Policy & Program Development
    - Structure
    - Resources
    - Regulations

1. STUDY OBJECTIVES AND METHODOLOGY

1.1 STUDY OBJECTIVES

In February 1986, the Ministry of Health asked Woods Gordon to examine the current strengths and weaknesses of the inspection system for nursing homes in Ontario and to recommend changes to the system to correct existing inadequacies. We were also asked to examine and report on compliance with existing regulations and inspection orders by nursing homes in Ontario and to recommend enhanced methods of tracking and enforcing compliance.

Our study mandate did not include consideration of two important issues which are being addressed by other government activities:

- the relationship between funding levels and the requirements placed on nursing homes; and
- the consistency of requirements and inspection approaches for other long term care facilities such as homes for the aged, chronic hospitals and rest homes.

This report discusses the results of the examination we conducted to achieve the study objectives, and presents our recommendations.

1.2 STUDY METHODOLOGY

The terms of reference for our review stipulated that the examination should include certain specified subject areas, as shown opposite. These subject areas were examined using a combination of techniques including group meetings, interviews, data analysis, questionnaire surveys and review of documents.

Interviews and Group Meetings

Interviews and group meetings were conducted with the following people, a few of whom also submitted formal briefs:

Ministry of Health:

- Acting Assistant Deputy Minister, Community and Public Health
- Assistant Deputy Minister, Institutional Health
- Executive Director, Public Health and Nursing Homes Division
- Director, Public Health Branch
- Director, Institutional Planning Branch
- Legal Counsel, Legal Services Branch

Nursing Homes Branch (Head Office and Regional Offices):

- Director
- Operations Manager
- Regional Supervisors
- Head Office Coordinators/ Consultant
- Several Nursing Inspectors
- Several Environmental Inspectors
- Several Fire Safety Inspectors
- Several Nutrition Inspectors
- Prosecution Lawyer
- Prosecution Co-ordinator
- Support and clerical personnel

Nursing Homes:

- Executive Director, Ontario Nursing Home Association
- Executive Committee of the Board, Ontario Nursing Home Association
- Nursing home owners and administrators at four open meetings held in London, Ottawa, Sudbury and Toronto
- Nursing home owners and administrators from three of the large nursing home corporations, Extendicare, Diversicare and Bestview.

Consumer Advocacy Groups:

- Ontario Coalition for Nursing Home Reform
- Concerned Friends of Ontario Citizen in Care Facilities

Public Health Units:

- Selected Medical Officers of Health and their Directors of Public Health Inspection

Other Interested Persons:

- Chairman, Compliance Plan Review Board
- Chairman, Nursing Homes Residents' Complaints Committee
- Relevant government officials in other provinces (by phone)
- Government officials in other Ontario Ministries which operate an inspection function (by phone)
- Representatives of the Christian Labour Association of Canada, Health Care Task Force

Data Analysis

At our request, special reports were produced from the Nursing Homes Branch's computerized information system on the frequency of inspections and the incidence of violations for the 15-month period November 1984 to January 1986. Our analysis of this data is presented in this report.

Questionnaire Surveys

We prepared, conducted and analyzed four questionnaire surveys. The groups to whom the surveys were distributed are shown below, together with the relevant response rates:

Groups Surveyed	Approximate Response Rate
- Nursing Home Inspectors - Management and Support Staff of the Nursing Homes Branch	95%
- Nursing home owners - Nursing home administrators	70%

Compared to other questionnaire surveys, these response rates were very good, indicating the high level of interest in this study.

The four questionnaires and their results are attached in Appendix B.

Review of Documents

During the course of our study, we reviewed a wide variety of internal documents including inspection guidelines, inspection files, inspection reports, various correspondence and Branch/Ministry reports. Other external documents reviewed included the Nursing Homes Act and Regulation, other Ontario legislation, submissions from interested parties, and current literature on the regulation of nursing homes in other provinces and in the United States.

1.3 STUDY DIRECTION

In completing the study, we worked with two Ministry Committees:

- a Working Committee of middle managers drawn from relevant sections of the Ministry, which provided assistance and advice to our team; and
- a Steering Committee of senior Ministry managers which provided feedback on our overall conclusions and recommendations.

Both of these committees were very useful in ensuring that the project was conducted efficiently, and that our final report was accurate and useful.

2. OVERVIEW OF GOVERNMENT INSPECTION FUNCTIONS

2.1 INSPECTION AS A MANAGEMENT TOOL OF GOVERNMENT

Inspection is a legitimate management tool for governments to use for monitoring the activities of non-government organizations, in order to safeguard the public's interests. The purpose of any government inspection system is to ensure compliance with legislative acts and regulations. An underlying assumption is that compliance with legislative requirements will result in achievement (or at least facilitate achievement) of the objectives which form the basis for the legislation.

There is also an implicit assumption that some organizations or persons will not comply with legislation if there is no process to detect non-compliance. Reasons for non-compliance include lack of awareness of requirements, lack of knowledge as to how compliance can be achieved, and unwillingness to allocate the resources required to bring about compliance.

Inspection systems are used by many Ontario ministries, often for licensing purposes, including:

- Health (nursing homes, medical laboratories, radiology facilities, ambulance services)
- Environment
- Consumer and Commercial Relations
- Revenue (sales tax)
- Correctional Services
- Transportation and Communications
- Solictor General (Office of the Fire Marshall)

Provincial responsibility for inspection in some cases has been delegated to the regional or municipal level (for example, public health units and municipal building inspection offices).

COMPARISON OF NURSING HOME INSPECTION SYSTEMS ACROSS CANADA

PROVINCE	OWNERSHIP	PART OF LICENCING/ REGISTRATION PROCESS?	SIZE	PROACTIVE VS REACTIVE	COMPLIANCE VS CONSULTATIVE	ADVANCE NOTICE GIVEN	USE OF GUIDELINES/ CHECKLIST	GENERAL RESPONSIBILITY	TRAINING/ EXPERIENCE REQUIRED
Ontario	Mainly private sector	Yes	36 inspectors 331 homes	Both	Mainly compliance	No	Yes	Monitor compliance and collect evidence for prosecution	Very specific
New Brunswick	Mainly not-for-profit	Yes	1 inspector 67 homes	Both	Compliance only (separate consulting function)	Yes	Yes	Monitor compliance	Not specific (yet)
Manitoba	Mainly not-for-profit	No	11 inspectors 115 homes	Both	Consultative	Yes - except complaints	Varies among disciplines	Consult, advise, educate	Fairly specific
Saskatchewan	Mainly not-for-profit	No	7 inspectors 141 homes	Both	Consultative	No	Yes	Encourage improvement	Fairly specific
Alberta	Half private sector	Part of contract award process.	3 inspectors 86 homes	Both	Mainly consultative	Yes - except complaints	Yes	Encourage improvement. End contract if unsatisfactory.	Specific experience requirements
British Columbia	Half private sector	Yes	24 part-time inspectors * 400 homes	Both	Compliance only	Rarely	Yes; use is optional	Assure compliance. Do not renew licence if unsatisfactory.	Fairly specific

*Inspections conducted by public health inspectors in health units.

In reviewing the range of government inspection systems, we noted several common features. These systems usually have a regular inspection function (e.g., annual relicensing), plus an ad hoc reactive function to investigate incidents and complaints. They usually combine both consultative and enforcement approaches, although each system tends to emphasize either one or the other. Most of the inspection systems have defined criteria (guidelines or checklists) against which their licensees or operators are assessed.

Variations also exist. Some of the ministries have very specific requirements for inspector recruitment; others train inspectors on the job. Also, the ratio of inspectors to licensees/operators varies widely, presumably depending on the associated workload.

In our discussions with nursing home owners and administrators, some individuals indicated that they perceive the nursing home inspection system to be an unusual and unwarranted form of government involvement. We have concluded that inspection is a common approach taken by government to safeguard the public's interests -- particularly where private sector organizations receive public funds to provide services to their communities.

2.2 INSPECTION OF NURSING HOMES IN OTHER PROVINCES AND THE UNITED STATES

All provinces have some form of inspection system for nursing homes, although the approach taken to inspection varies considerably from province to province as shown opposite.

The most significant conclusion from this exhibit is that the inspection approach seems to vary according to the ownership type of the

TYPES AND FREQUENCY OF NURSING HOME INSPECTIONS IN ONTARIO

TYPE	INSPECTOR *	REASON/FREQUENCY
Full Inspections		
Licence Renewal	N FS E Nu	Annual
Pre-licencing	N FS E	As required for new and renovated homes
Pre-sale	N FS E	Prior to change of ownership
Team Inspection	N FS E Nu	As required for those homes in continuing violation
Partial Inspections		
Follow-up	As required	As required for homes where violations found on the annual inspection
Complaint Investigation	As required	As required
Incident Investigation	As required	As required
Post-sale	N FS E	Following change in ownership to assess compliance with pre-sale commitments
Construction On-site	FS E	Twice during construction

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* N = Nursing Inspector
FS = Fire Safety Inspector
E = Environmental Inspector
Nu = Nutritional Inspector

majority of the nursing homes. Where more than half of the homes are operated on a for-profit basis, the inspection function tends to concentrate on compliance with legislation and standards, and on the collection of evidence for prosecution.

A more detailed, although slightly dated comparison of nursing home inspection systems across Canada is provided in the Report and Recommendations, Alberta Nursing Home Review Panel (March 1982).

To provide the reader with more detail on the Ontario inspection system, the exhibit opposite shows the type and frequency of nursing home inspections. There are four categories of full inspections, and five categories of partial inspections. Every nursing home is inspected at least once each year by all four disciplines (nursing, nutrition, environmental and fire safety).

The predominance of private sector ownership in the Ontario nursing home system results in a greater similarity of issues and inspection approaches with the United States than with most of the other Canadian provinces.

In the United States, eighty per cent of nursing homes (Skilled Nursing Facilities and Intermediate Care Facilities) are operated on a for-profit basis. They are certified under federal regulations to receive payment under the Medicare and Medicaid programs. State agencies are responsible for surveying homes to monitor and enforce compliance with the federal regulations. Fire safety and food premises inspections are handled by other local inspection agencies. The state regulatory agencies also investigate complaints and conduct annual "inspection of care" reviews for all Medicaid recipients to ensure continued eligibility.

Under the federal Older Americans Act (1978), all states have established long term care ombudsmen to receive and investigate complaints. There is no similar mechanism in Ontario, although the Ministry is now considering some form of advocacy mechanism.

There apparently is broad consensus in the United States that the current approach to government regulation of nursing homes is not satisfactory because it allows too many marginal or substandard nursing homes (estimated at 10 to 15 per cent of the 15,000 homes) to continue in operation. The federal regulations have not been revised in any substantive way since 1974, and are perceived by all parties to be out-of-date.

Recent court decisions have added to the pressure on the federal Health Care Financing Administration to revise the federal regulations to make them more effective in assuring quality of care in nursing homes. A major two-year review of the regulatory system for nursing homes in the United States was completed recently, with a detailed report published in spring 1986.* The review was commissioned by the Health Care Financing Administration and undertaken by a special committee with representatives from academia, nursing home corporations, state governments and advocacy groups. Its purpose was to "recommend changes in regulatory policies and procedures to enhance the ability of the regulatory system to assure that nursing home residents receive satisfactory care".

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* Institute of Medicine, Improving the Quality of Care in Nursing Homes, National Academy Press, Washington, D.C., 1986.

The findings of this review echo many of the concerns in the Ontario system, including:

- the inappropriate focus of inspection on facilities, rather than residents;
- the focus on paper compliance rather than the actual care process and outcomes;
- the low level of enforcement follow-through on homes with recurrent and serious non-compliance;
- the lack of good information on the industry, the residents and the inspection and enforcement process; and
- the need to revise the regulations and the inspection system.

Three major themes emerged in the report's recommendations:

- the need for specific changes to the regulations to include quality of life, quality of care and residents' rights issues, primarily through shifting the inspection focus from structure and paper compliance to outcome monitoring;
- the need for a two-stage inspection process which focuses the scarce inspection resources on the poor performance homes (using a standard survey for all homes, and an extended survey for homes identified as having problems); and
- the need to strengthen the enforcement process through the establishment of objective enforcement criteria and procedures, and the development and use of intermediate sanctions (e.g., ban on admissions and fines).

The report also identified the need for further study of staffing requirements (both numbers and mix).

Comparing the conclusions of the American review with our study, we noted many similarities and some significant differences.

<u>Similarities</u>

- Both studies concluded that accreditation does not replace the need for an inspection system, although fully accredited homes may require less inspection effort.

- As inspection resources will always be insufficient for the task, a systematic way to focus effort on the problem homes and on high risk areas of non-compliance is essential. The American study recommended a two-stage inspection process; we have captured the same concept in the Compliance Management System.

- The focus must shift from monitoring structure and paper compliance to monitoring the actual care process and outcomes. Systems have now been developed and are available for widespread introduction.

- There is a need to formalize the enforcement process so that serious, recurrent non-compliance is consistently addressed.

Differences

- The American study concluded that education and consultation should be the responsibility of the industry, not the government. We have recommended a collaborative approach.

- The American study made recommendations regarding nurses' aide training requirements and standards. This was beyond the scope of our review.

- The American study recommended establishment of a national resident-oriented database that would include the annual assessment information for each resident. This appears to be partly justified because of the federal requirement for annual monitoring of continued resident eligibility for Medicaid. It does not appear justified in Ontario.

We recommend reading of the American study to all parties interested in improving the nursing home inspection system in Ontario, as many of the issues are similar and have been discussed in greater detail than in our report. However, we caution that not all areas of their conclusions appear appropriate for Ontario.

3. OBJECTIVES OF THE NURSING HOME INSPECTION SYSTEM

We have concluded that there are six principles which should be reflected in the inspection system's objectives:

- The objectives of the system should be clearly stated and communicated to promote the widest possible understanding and agreement.
- The intent of the inspection system should be to promote the health, safety, comfort and rights of nursing home residents, with due recognition of the impaired health status of Extended Care residents.
- To promote cooperation of nursing home owners and employees in the maintenance and improvement of nursing home care, the routine inspection objective should be clearly differentiated from the enforcement (investigation and prosecution) objective.
- The objectives of the system can best be achieved by incorporating a Compliance Management approach which focuses inspection effort on the factors of greatest importance to resident health and safety.
- The nursing home inspection system should avoid duplicating other inspection functions, particularly those that could visit homes more frequently and respond to high risk situations more promptly.
- Nursing homes should be consulted in the development of the system's objectives and the various means that are used to achieve those objectives.

Each of these principles is discussed in the following pages.

3.1 STATEMENT OF OBJECTIVES

Finding

The objectives of the inspection system, and of the Nursing Homes Branch, have not been formally documented in a clear and concise statement, nor have they been clearly communicated to the nursing homes and the public.

Discussion

Our discussions with Ministry senior management and personnel within the Nursing Homes Branch indicated that there is no official statement of the "mission" or objectives of the inspection system. Virtually all individuals interviewed felt that the Ministry's interpretation of the inspection system's objectives has varied over the years, with shifts in the relative priority of "consultation" and "enforcement" objectives. In the last two years, enforcement has been emphasized. These shifts in emphasis have occurred without formal assessment of their impact on the original purpose of the inspection system, and of their effectiveness in achieving improvement in compliance and quality of care.

Our assessment is that the lack of clarity in inspection system objectives has contributed to the operational problems being experienced by the Nursing Homes Branch, and the current poor relations between the Branch and the nursing homes.

Through this was not strictly within our terms of reference, we also found that the objectives of the Branch have not been clearly stated or communicated to nursing homes and the public. Our assessment is that this lack of clarity in Branch objectives has created problems in appropriate resourcing and management of the Branch, as well as communications problems with the nursing homes and the public.

Recommendations

The Ministry of Health should develop and communicate a statement of objectives for the nursing home inspection system.

Objectives for the Nursing Homes Branch should be similarly clarified and communicated.

Details of Recommendations

Inspection system objectives should be developed with input from the nursing homes and nursing home clients (residents and their families).

The objectives of the Nursing Homes Branch should include:

- operation of a nursing home inspection system
- development and maintenance of the nursing home Compliance Management Program
- policy development in consultation with all relevant interest groups
- education/training programs in cooperation with the nursing homes
- management of Branch activities (planning, resourcing, execution, reporting and evaluating).

The objectives of a nursing home inspection system should include:

- o an overall purpose statement relating inspection activities to the promotion of the health, safety, comfort and rights of nursing home residents;
- o an approach statement indicating the Ministry's intention to work with nursing homes in maintaining and improving nursing home care;
- o a methodology statement indicating that relative importance to resident health and safety will be a key factor in inspection and enforcement procedures;
- o identification of specific functions performed by the inspection system:
  - regular re-licencing inspection, including follow-up on deficiencies
  - follow-up on incidents and complaints
  - consultation/education
  - enforcement of compliance
  - reporting on compliance to senior management and the public

3.2 INTENT OF THE INSPECTION SYSTEM

Finding

The current inspection system is perceived (internally and externally) as emphasizing compliance with the regulations, rather than promotion of resident health, safety, comfort and rights. There

also is concern that the current inspection system (and regulations) does not adequately recognize the impaired health status of Extended Care residents.

Discussion

An effective inspection system should be based on regulations that are perceived to be relevant and reasonable. The current regulations for nursing homes are not all perceived in this light. Two issues emerge:

1. Out-of-Date Regulations

There is general agreement, both inside and outside the Ministry, that the regulations are out-of-date, and that they do not adequately reflect either contemporary societal expectations for nursing home care, or the needs and preferences of the older, sicker nursing home population. From our questionnaires, 86% of Branch personnel, 44% of nursing home owners and 55% of administrators agree that the regulations are out-of-date. Because the inspectors are working with out-of-date regulations, they are perceived as not necessarily focusing their attention on the issues of greatest importance to resident care.

The Ministry has recognized for some time that revisions to the regulations are required, and work is well underway. We understand that these revisions are aimed not only at bringing the regulations up-to-date but also at improving their "enforceability" in court. Consultation with nursing homes and other interested parties are being held.

2. Focus on Structure and Process Criteria

The existing legislation, and therefore the inspection system, focuses on structure and process criteria rather than outcome criteria. In

other words, the inspection system monitors the capability of the nursing home to provide acceptable levels of care and, to a lesser degree, the actual delivery of this care. It does not measure whether the outcomes of care are acceptable, i.e., are residents achieving and maintaining the health status appropriate to their condition? The inspection system's focus on structure and process criteria diverts attention from resident care to documentation and procedures. It also fails to give the Ministry assurance that quality of care in a nursing home is acceptable, or that deficiencies have been identified for correction.

In the 1960s and early 1970s, when the existing Act and Regulation were being drafted, techniques for measuring outcomes in long term care had not yet been developed. There was little option but to design an inspection system around structure and process criteria.

However, outcome monitoring systems have now been developed and demonstrated to be valid, reliable and practical to use. The Iowa State Department of Health has developed an outcome-oriented licensure survey that focuses on selected domains of quality. New York uses an outcome-oriented monitoring system that monitors "sentinel health events". Other states experimenting with similar systems are Massachusetts, Wisconsin, Colorado and Illinois.

Some of the large nursing home corporations in the United States are using similar quality assurance systems to monitor the care in their homes. These corporations include:

- Hillhaven Corporation (Patient Care Profile System); and
- National Health Corporation (Patient Assessment Computerized System, which is also being used by the state of Montana).

Finally, the federal Health Care Financing Administration has developed a new resident-centered survey process that focuses on care process and outcomes (Patient Care and Services, shortened to PaCS). It was evaluated on a universal basis in three states (Connecticut, Rhode Island and Tennessee), as well as in a small number of "good" homes in all the other states. The HCFA plans to revise the PaCS as necessary, based on the results of these evaluations, and implement it nationally.

An inspection system that relies solely on external monitoring of outcome criteria requires considerable resources (e.g., the New York state system for monitoring psychiatric facilities). A more cost-effective approach would be to design the inspection system as an "audit" of an internal outcome monitoring process. This approach also has the important benefit of ensuring that nursing home management and staff are involved in the process and become oriented to outcomes.

Recommendations

The Ministry of Health should continue its work on revising the regulations.

The Ministry should begin work on shifting the focus of the inspection system from structure and process criteria to the monitoring of outcomes of care.

Details of Recommendations

Revision of the regulations should be done with input from nursing homes, and nursing home residents and families. Three objectives should be kept in mind:

- to ensure that all regulations are directly related to ensuring the health, safety, comfort and rights of nursing home residents;

- to up-date regulations as required to reflect current gerontological concepts and societal expectations for nursing home care; and
- to clarify the intent and wording of the regulations to ensure that they are legally enforceable.

Monitoring techniques for outcomes of care which have been developed and tested in the United States should be obtained and adapted for use in Ontario. The objective should be to establish a system whereby the Branch "audits" an internal outcome monitoring process in each home.

3.3 SEPARATION OF INSPECTION AND ENFORCEMENT FUNCTIONS

Finding

> The combination of the regular inspection function with the enforcement (investigation and prosecution) function has produced an adversarial climate between the Branch and many of the nursing homes. In some cases, previous situations of goodwill and cooperation have been seriously eroded.

Discussion

An inspection system is seen as necessary (91% of administrators and 90% of owners). Most also agree on the continuing presence of both "good" and "bad" nursing homes in the system, and see an enforcement function as necessary to address the problem homes.

However, the recent emphasis on enforcement has changed the relationship between the inspectors and many of the nursing homes. Inspectors are now commonly seen as "policemen" in pursuit of evidence for citing violations and eventual prosecution. (From our questionnaires, 41% of the inspectors, 54% of the Branch's support staff, and 88% of nursing home

administrators and owners agreed that the inspector's role is similar to a policeman's). Changes to inspection procedures resulting from the need to improve the consistency of inspections may have added to this "policeman" perception, by creating the impression that all homes, regardless of their track record, are being treated as "problem" facilities.

Nursing home owners and administrators informed us that the current emphasis on prosecution is intimidating for management and staff, and that it has seriously affected morale in many homes. Good staff are allegedly leaving the nursing homes in search of more professionally satisfying work, and recruiting new staff is said to be getting more difficult. If the primary determinant of quality of care is the quality of management, as concluded in several recent Canadian and American studies, effective managers are a key resource. The inspection system should be supporting and encouraging these individuals.

The recent emphasis on enforcement has led to a related de-emphasis of the advisory function. Because of concerns about potential Ministry liability, the Branch has discouraged its inspectors from providing advice on how to achieve compliance with the regulations. On their own initiative, some inspectors have continued to provide this advisory service on an informal basis. Most owners and administrators, however, are left to determine on their own how they might change their operations to come into compliance with the regulations. With little or no guidance from the Branch, they are not always able to meet its expectations. From our questionnaires, 50% of administrators and owners agreed that a major reason for non-compliance may be lack of understanding on how to achieve compliance.

The absence of an advisory function has caused many owners/ administrators to view the inspection system as secretive and arbitrary. This perception is exacerbated by the process the Branch uses for developing/revising its interpretation of the regulations. In general, these interpretations are developed without meaningful consultation with the nursing home sector. Once they are developed, they are not normally communicated to the nursing homes in advance of their application in inspections.

Internally, some of Branch's inspectors are attempting to perform a full range of functions, from helping nursing homes achieve compliance and improve operations, to collecting evidence on homes for use in prosecution. However, not all are comfortable in this comprehensive role. They perceive no incompatibility between inspecting and advising, but have difficulty reconciling these two with enforcing.

An additional problem is the different requirements of the inspection and enforcement functions. Each of these requires a different set of skills, knowledge, and attitudes. Many inspectors do not possess all of these.

Recommendation

The Nursing Homes Branch should be divided into two professional sections:

a Compliance Consulting section for annual re-licensing inspections, follow-up and investigation of minor complaints; and

an Enforcement section for investigation of serious complaints/ incidents, prosecution of homes in continuing and serious non-compliance, and pre-sale inspections.

Details of Recommendation

The Compliance Consulting section should be staffed by nurses with long term care backgrounds who have been trained by the Branch to also deal with nutritional and selected environmental issues. They would each have responsibility for specific nursing homes in their region. (See Section 3.5 for discussion of the transfer of responsibilities for fire safety and environmental inspection).

The Enforcement section would be staffed by individuals with the skills, knowledge, and attitudes for investigation and prosecution.

3.4 COMPLIANCE MANAGEMENT

Finding

> The current inspection system does not include a systematic way of identifying high risk situations and ensuring that appropriate preventive action is taken. The current system also does not ensure that inspection and investigation efforts are focused on those factors of greatest importance to resident health and safety.

Discussion

Annual re-licencing inspections involve review for compliance with all regulations. Follow-up inspections deal primarily with those regulations previously cited for non-compliance. Inspections initiated by complaints deal solely with the specific matter arising from the complaint.

Effectiveness of any inspection process is limited by the frequency of inspection visits. A nursing home may be in compliance with the regulations at the time of the inspection, but no mechanism exists to ensure compliance at other times during the year. Although inspections, if carried

out often enough, should help to prevent problems from occurring, this mechanism is not the most cost-effective approach to prevention. For example, increasing the number of inspections from twice yearly to six or more times a year, could require a trebling of inspection staff, but would still leave the question open as to what would prevent things from going wrong between inspection visits. The inspectors are aware of their inability to ensure good operations between visits, and the need for a preventive program to monitor compliance.

The Branch receives information on nursing home operations from a variety of sources other than the inspection visits (e.g., complaints, incident reports and submissions from interested organizations). At the present time, however, this information is not handled in a systematic way, and no information is added to the computer record of a home unless an inspection is completed. Also, the degree to which all incidents have actually been reported has not been assessed.

Serious incidents (e.g., communicable disease outbreaks) are followed up promptly, and procedures for containing further damage have been promulgated. However, we were told that most incident reports submitted to the Branch receive no follow-up action and, more importantly, no aggregate analysis of these reports is undertaken.

Discussion of Compliance Management

A technique exists for monitoring nursing home operations between inspections, called by the general term "risk management". The technique is now widely used in American hospitals, and in the hospital

setting is defined as "the identification, analysis, evaluation, and elimination or reduction of possible risks to hospital patients, visitors, or employees".[1] In the nursing home setting, a more appropriate term would be Compliance Management, since instances of non-compliance are risks to residents, visitors, or employees.

A Compliance Management Program for the Nursing Homes Branch would receive information on the compliance status of each home from several sources, such as regular annual inspections and follow-ups, and reports of complaints or incidents. It would also receive information on factors contributing to compliance or non-compliance, such as vacancies in key staff positions, changes in key staff, renovations to kitchen facilities, and the presence or absence of preventive maintenance programs. With this information on "contributing factors", the Program would be able to predict the likely future compliance status of a nursing home.

Information produced by the Compliance Management Program would benefit the Branch significantly, as follows:

- Branch management could monitor individual homes and aggregate trends (for example, homes grouped by region, size, ownership, etc.; non-complaint items by frequency, region, home size and ownership, etc.)
- Inspection procedures and frequency could be tailored to the compliance status of each individual home.
- Inspection procedures could be focused on items of serious non-compliance and factors contributing to these items. This also means a focusing of Branch resources where they are most needed.
- Branch management could easily decide on what type of action should be taken for each item or contributing factor and when it should be

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1 Adapted from "The Board's Role in Risk Management," Trustee, Sept. 1979, pp. 55-62.

taken. A telephone call might suffice for minor situations, or a visit deferred until the next regular inspection, whereas a major situation might call for an immediate special investigation.

- Branch management could easily decide on the appropriate staff to handle each item or contributing factor. Serious items might be referred directly to the Enforcement Staff, while others would be handled by Compliance Officers.

Recommendation

The Nursing Homes Branch should develop a Compliance Management Program which would integrate information from a variety of sources, most of which is already available to the Branch, to monitor individual homes and aggregate trends.

Details of Recommendation

To allow both head office and regional offices to remain informed on Compliance status in the province's nursing homes, and to effectively manage the volume of data, major changes will be required to the Branch's information system. Interactive capability and the identification of compliance items and contributing factors for reporting on a regular or exception basis will need to be added. These changes are discussed in Section 8 of this report.

3.5 NON-DUPLICATION WITH OTHER INSPECTION FUNCTIONS

Finding

Nursing homes are inspected by several provincial and local agencies other than the Ministry of Health. Rationalization of inspection responsibilities is required to ensure that the most effective approach is used.

Discussion

Exhibit 1 provides a summary of the annual inspection experience of a "typical" nursing home. It illustrates that nursing homes are subjected to a wide variety of inspections from several external agencies.

The most important inspections undertaken by other agencies are:

Inspecting Agency	Purpose of Inspection
o Local Public Health Units	Compliance with the Food Premises Regulation
o Inspectors from the Fire Marshall's Office	Compliance with the fire safety standards of the Fire Marshall's Act and Regulation
o Ministry of Health, Audit Branch	Financial audit, including verification of claims for Ministry reimbursement
o Ministry of Health, Compliance Plan Review Board	Structural inspection for compliance with the requirements of the Nursing Homes Act and Regulation
o Ministry of Health, Institutional Planning Branch	Review of plans for new/expanded nursing homes to ensure compliance with the Nursing Home Act and Regulations

Each of these is discussed below.

Local Public Health Units

Many of the items currently inspected by the environmental inspectors are also within the mandate of the Medical Officers of Health and the public health inspectors in the local public health units. The mandate is granted by the Health Protection and Promotion Act, which also grants to the Medical Officer of Health the authority to issue directives and close unsatisfactory facilities. Further, although not required by the Ministry's

Core Programs, most local public health units are conducting regular inspections of nursing homes, sometimes as often as monthly. In many places, however, the public health units have reduced or even eliminated these because of duplication of effort with the environmental inspectors of the Nursing Homes Branch.

Inspectors from the Fire Marshall's Office

The Nursing Homes Branch has prepared a discussion paper which considers the appropriate location of the fire safety inspection function. It concludes that responsibility for fire safety inspection of nursing homes should be transferred to the Fire Marshall's Office in the Ministry of the Solicitor General. The Fire Marshall's Office already has the necessary legislative authority to perform these inspections, under the Fire Marshall's Act, Regulation 394. At present, however, the Fire Marshall's Office is not conducting regular inspections because of duplication of effort with the fire safety inspectors of the Nursing Homes Branch.

Ministry of Health, Audit Branch

The Audit Branch conducts its financial audits of nursing homes under authority of paragraph 17(3)(a) of the Nursing Homes Act. Audits have been completed on a random selection of approximately 10% of all nursing homes each year, though we understand the Audit Branch is planning to increase this to 33% each year.

These audits do not duplicate the inspections of the Nursing Homes Branch, which is responsible for ensuring that uninsured services

provided to residents for an extra charge have been authorized in writing, as stated in paragraph 8(b) of the Regulations.

The difficulty is that none of the inspectors have adequate financial or financial audit training to properly conduct these reviews. For this reason the Director of the Branch has instructed inspectors not to carry out these audits.

Ministry of Health, Compliance Plan Review Board

This Board was created to support the Ministry's efforts to bring all nursing homes into structural (i.e. physical) compliance. As required by the Board, environmental inspectors in the Branch have been conducting on-site assessments as necessary to collect information on non-compliance. When the Board completes its task, and all nursing homes have been brought into compliance, structural inspection of existing nursing homes should no longer be needed.

Ministry of Health, Institutional Planning Branch

Structural compliance also is the focus of the Institutional Planning Branch of the Ministry of Health, which is responsible to ensure that plans for new or expanded nursing home facilities meet the requirements of the Nursing Homes Act. The Planning Branch does not have its own inspectors to ensure that the buildings are constructed according to the approved plan. Instead, it uses the environmental inspectors in the Nursing Homes Branch who visit the home several times during construction to monitor construction for compliance with the approved plan.

However, the Institutional Planning Branch does not inspect hospitals during construction. Instead, it requires the architects and engineers involved to certify at various stages of construction that the hospital as built meets the design criteria as approved. We suggest that this method is also suitable for nursing homes.

Recommendations

Rationalization of inspection responsibilities is required to reduce duplication of effort and place accountability for inspection functions where it can be most effective.

Four areas of rationalization are recommended:

- the Nursing Homes Branch should stop inspecting those items covered by the Health Protection and Promotion Act. These items should be inspected by the local public health units;
- responsibility for fire safety inspection should be transferred from the Nursing Homes Branch to the Fire Marshalls Office;
- audits to ensure prior authorization of uninsured service charges should be made the responsibility of each nursing home's regular external auditor, with their findings reviewed by the Branch Compliance Officers during the annual inspection visit; and
- the method used by the Institutional Planning Branch to ensure structural compliance of hospitals should be adopted for nursing homes.

Details of Recommendations

There will be an ongoing need for inspection of certain other items which are currently dealt with by the environmental inspectors. This will include such things as water temperature for bathtubs, showers and washbasins, and procedures relating to laundry. These areas would be added to the responsibilities of the Compliance Officers.

The results of implementing these recommendations, after allowing a suitable period for transition and training, will be the integration of all remaining inspection functions (nursing, nutrition and selected aspects of environmental health) into a single job description for a multi-disciplinary Compliance Officer.

3.6 INPUT FROM NURSING HOMES

Finding

Nursing homes currently have little opportunity to provide meaningful input to the Branch on matters such as the development/amendment and interpretation of regulations, or the development of inspection policies and procedures.

Discussion

The various parties generally agree on the overall purpose of the inspection system. However, decisions as to how this could or should be accomplished have been made primarily by the Ministry of Health. Attempts to involve nursing homes in policy development appear to have been sporadic and largely unsatisfactory to either side. As a result, nursing home administrators and owners feel that the Branch has failed to adequately consider the realities of their operating circumstances.

A Program Liaison Committee composed of representatives of the Ministry and the ONHA was established several years ago to meet on a quarterly basis to discuss issues of common interest. This Committee has met with the following frequency:

1980	4	meetings
1981	4	meetings
1982	3	meetings
1983	1	meeting
1984	1	meeting
1985	3	meetings
1986*	2	meetings

* As of March 31, 1986.

We understand that each meeting lasts approximately two hours and the agenda usually covers some 15 items. Attendance may include the Assistant Deputy Minister and the ONHA President, as well as three or four other individuals from each side.

From our review of the minutes of selected Program Liaison Committee meetings, the primary uses of these meetings is for the ONHA to formally table concerns, and for the Ministry to notify the ONHA of changes to policies and procedures.

Other working committees have been established to focus on specific issues (e.g., uninsured services), but it was reported that the work of these committees may be pre-empted by the Ministry's need to take faster action on an issue. This has made nursing homes skeptical about the value of their participation on these committees.

Recommendation

Mechanisms should be adopted to allow for meaningful input from nursing homes in several aspects of the inspection system:

- development and amendment of regulations and their interpretation;
- development and modification of inspection policies and procedures;
- development of the Compliance Management Program, including risk analysis, prevention procedures, monitoring system and intervention procedures;

- development of formats of reports intended for public release, and of reports nursing homes will be expected to complete; and

- development of policies for improved operations in nursing homes (e.g., inservice education, quality assurance, activation, etc.)

Details of Recommendation

These mechanisms should include frequent liaison meetings with the ONHA, and the establishment of other standing and ad hoc committees to work on specific areas.

Other mechanisms for input from nursing homes are discussed in Section 7.4.

4. COMPLIANCE

The terms of reference for this review required us to examine and report on compliance by nursing homes to existing regulations and inspection orders, and to recommend enhanced methods of tracking and enforcing compliance. This section reports on our findings and recommendations, under three headings:

- Compliance with regulations;
- Compliance with inspection orders; and
- Accreditation.

4.1 COMPLIANCE WITH REGULATIONS

Finding

> There is general agreement, internally and externally, that compliance with the regulations has improved in recent years. However, there is no statistical documentation of this improvement and less agreement on whether the current level of compliance is adequate.

Discussion

Compliance is not synonymous with "quality of care". It refers specifically to whether a nursing home is meeting the legislative requirements. To the extent that these requirements ensure the health, safety, comfort and rights of nursing home residents, compliance will be related to quality of care.

Regulation 690 of The Nursing Homes Act contains 488 specific requirements. Most have not been changed since the Act's introduction in 1972. Homes built before 1972 had been "grandfathered" for many of the

structural requirements in the Regulations. The process to bring all nursing homes into compliance with these structural requirements is now underway.

Although the legislative requirements for nursing homes have not changed greatly over the years, the Ministry has gradually developed and refined its interpretation of the individual requirements. These interpretations are assembled for the use of inspectors in each discipline, and are called "guidelines". The guidelines specify what each inspector should check in the home to assess compliance with each requirement. They also specify the minimum number of instances of non-compliance required as a basis for citing a violation. These guidelines have not been made available to the nursing homes.

Until late fall 1984, the Nursing Homes Branch operated an entirely manual record-keeping system on individual nursing homes. The current computer system includes inspection results from that time onward. Aggregate statistics on the number of violations for the years 1972 to 1984 have never been prepared, and could only be assembled through page-by-page review of the voluminous paper files on each home.

Even since 1984, aggregate statistics on the number and pattern of violations cited in inspection reports have not been produced, although this information for each home is stored in the computer. Aggregate data of this type were produced for the first time at our request for the purposes of this review.

The number of violations cited is related not only to the actual conditions in the home, but also the current interpretation of the regulations, the overall Branch attitude toward enforcement during the current

year, the approach (and even mood) of the individual inspector on a particular day, and the nature of the relationship between the inspector and the home's administrator and staff.

From our review of the inspection system, we believe that the probability is low that two inspectors would prepare identical lists of violations for the same home on the same day. Branch management is continuing to work towards greater consistency in inspection methods, but it is inevitable that some variation in judgement will remain.

In summary, there is no historical database to indicate whether compliance (as measured by number of violations cited) has changed over the years, or whether particular approaches (e.g., prosecution) are more or less effective in achieving compliance. Data on the frequency of violations have become available only in the last 18 months.

Even if data on the number of violations over the years had been produced, it would have been difficult to determine the extent to which change in the number of violations cited was due to real change in the nursing homes, or to change in the Branch's attitude towards enforcement and its interpretations of the regulations.

Current Number and Type of Violations

Aggregate information produced from the Branch's computer system (for the 15-month period November 1984 to January 1986) was reviewed to determine the number and type of violations being cited by the inspectors. The following conclusions were drawn from the data:

- Of the 488 specific requirements included in the Regulation, 19 items accounted for 44% of the violations cited (see Exhibit 2);

- The highest frequencies of violations cited were under two "catch-all" items:

  5(2) Every nursing home shall be so maintained at all times as to be free from anything that might be hazardous to the health or safety of the residents.

  21(1) Every nursing home shall be maintained in a clean and sanitary state and in a good state of repair.

  These two items alone accounted for 13% of the violations.

- The pattern of items cited as violations varied among the three regional offices (see Exhibits 3 to 8). This variation may have been due to real differences in nursing home conditions, differences in inspector interests/procedures, or a combination of the two factors.

- On average, an annual re-licensing inspection (which involves separate inspections by four disciplines) resulted in 12 violations. This total excludes any structural deficiencies, which are not being cited now because of the parallel activity of the Compliance Plan Review Board.

- Homes in the Ottawa region are inspected more often (see Exhibit 9), and have fewer violations per inspection (Exhibits 10 to 13). However, the number of violations per home is not substantially different from that in the other regional offices.

- Not-for-profit homes experienced similar numbers of violations as for-profit homes (see Exhibits 14 and 15).

- The number of violations varied directly with the size of the home (see Exhibits 16 and 17). This is at least partially due to the greater potential for non-compliance in a larger home.

From our internal and external interviews, we learned that there have been definite trends in the items cited on inspection reports. These trends are caused by outcomes of inquests (e.g., call-bell location in bathrooms) and development of new interpretations (e.g., privacy curtains).

Improvement in Compliance

Our four questionnaires asked whether compliance with the regulations has improved over the last few years. The following responses were obtained:

	Strongly Agree	Agree	Total
Inspectors	22 %	56 %	78
Other Branch Staff	9	59	68
Administrators	5	78	83
Owners	11	68	79

This general agreement that improvement in compliance has occurred was supported by the impressions we obtained from our meetings with nursing home owners and administrators. These meetings gave us the sense that there is a heightened awareness of the need for compliance, both to avoid problems with the Ministry and to provide good care for residents.

Adequacy of Current Compliance Level

Although there is general agreement that compliance has improved, there is less agreement on whether the current level of compliance is adequate. The consumer advocacy groups strongly believe that it is not, and Branch management and inspectors seem to agree with these groups, although less strongly. The strength of conviction of the consumer advocacy groups that compliance is poor appears to be partially explained by their concern with aspects of nursing home operations that are not adequately covered by the regulations, i.e., quality of life issues.

Three of our questionnaires asked whether the current level of compliance warranted a relaxation of inspection procedures or frequency:

	Strongly Agree	Agree	Total
Inspectors	0 %	3 %	3 %
Administrators	6	26	32
Owners	11	26	37

Administrators and owners also were asked whether an inspection system is necessary:

	Strongly Agree	Agree	Total
Administrators	36 %	55 %	91 %
Owners	37	53	90

and whether there is a mix of good and bad administrators in nursing homes:

	Strongly Agree	Agree	Total
Administrators	20 %	68 %	88 %
Owners	28	62	90

Our interpretation of these responses is that further improvement in compliance is possible and probably warranted, and that decreasing the frequency of inspections would result in deterioration in compliance.

However, as discussed in Section 3.3, we believe that the best approach to improving compliance (and quality of care) in the majority of homes will be a constructive, positive approach that commends good performance and encourages further improvement. A strong enforcement approach should be maintained in the Branch, but used selectively with those homes which have demonstrated that they are unable or unwilling to achieve compliance.

Recommendations

The Branch should strive for further improvements in compliance, using a positive, constructive relationship with the majority of homes, and a strong enforcement approach with the minority of homes which have been identified as unable or unwilling to achieve compliance.

The Branch should monitor aggregate trends in compliance on a regular basis, using the information already being stored in its computer system.

4.2 COMPLIANCE WITH INSPECTION ORDERS

Finding

The Nursing Homes Branch does not employ a systematic approach to monitoring that follow-up inspections are made and that violations are corrected. Aggregate information has not been produced on the level of compliance with inspection orders. Current prosecution policy and activities do not appear to be systematic and effective.

Discussion

If an inspector cites one or more violations during the annual re-licensing inspection, the nursing home is required to submit a "compliance plan" within seven calendar days, indicating how compliance will be achieved and how future instances of non-compliance will be prevented. The inspector (in consultation with the consultant/coordinator) decides whether the compliance plan is adequate. We understand that this decision may take several weeks to be communicated to the nursing home, but in the meantime the home is to proceed with implementation. Indeed, the inspector's initial citation indicates a deadline for compliance for each violation (e.g., immediate, 1 day, 7 days or 30 days).

Normal procedure is for the inspector to conduct a follow-up inspection to determine whether the violation has been corrected. Vacancies

in the Toronto regional office have affected the completeness of the follow-up activities over the last year.

Information from the computer database (see Exhibits 10 and 12) indicates that many follow-up inspections are occurring. However, the computer system is not being used to check whether follow-up visits are always made, or whether the violations have been corrected.

The absence of controls to ensure that follow-up occurs and that violations have been corrected was a concern of the Provincial Auditor in 1985. The consumer advocacy groups also have concerns in this area. They believe that individual homes continue to be cited for the same violations year after year, and that this is because enforcement is not occurring; the penalties are too lenient; and/or the Ministry is unwilling/unable to revoke (or not renew) a license.

Reasons for Non-Compliance

Because the Branch does not monitor aggregate levels of compliance with inspection orders, it also does not have aggregate information on why non-compliance occurs. Our questionnaires asked nursing home owners and administrators to indicate the major reasons for non-compliance:

	Strongly Agree	Agree	Total
Unreasonableness of the regulation?			
Administrators	24 %	52 %	76 %
Owners	31	45	76
Cost implications?			
Administrators	33	54	87
Owners	32	51	83

	Strongly Agree	Agree	Total
Lack of understanding on how to achieve compliance?			
Administrators	10	40	50
Owners	10	43	53
Lack of legal basis for enforcement?			
Administrators	3	18	21
Owners	7	6	13

The response indicates that they believe the Ministry has the necessary legal basis to enforce compliance. It also indicates that more advice on how compliance could be achieved might promote better compliance.

Prosecution

In the last two years, the Ministry has experienced a number of setbacks in the courts in its attempts to prosecute nursing homes under the current Act and Regulation. This difficulty is common knowledge to the Branch, the nursing homes and the interested public. The legislation is now under revision to reduce this difficulty.

The Branch provided us with a status report on its current prosecution activities. This report briefly outlines the origins of each case, its progress through the legal system, and the final outcome (or current status).

From this information and our discussions with management and the prosecutions staff (i.e., the Branch's lawyer and special investigator), we have drawn the following conclusions:

- the decision to prosecute is not automatic and is largely subjective;

- o the decision to prosecute is not necessarily related to the determination of relative importance to resident health, safety, comfort and rights;
- o each decision-making level in the Ministry is involved sequentially in deciding whether a home will be prosecuted; and
- o individual Ministry managers are not convinced that the prosecution approach will be effective in improving compliance (or quality of care) in either the short-term or long term.

Nursing homes clearly perceive that the Ministry has increased its prosecution activity in recent years. Also, a substantial percentage of owners and administrators believe that many of the current prosecutions are frivolous:

	Strongly Agree	Agree	Total
Administrators	13	33	33
Owners	26	24	39

Some senior managers within the Ministry also have expressed concern about how cases are selected for prosecution.

From our meetings with owners and administrators, it is apparent that the increased level of prosecution activity has been noticed by the nursing homes and may well be having a short-term effect on compliance. Our impression is that administrators now feel personally more liable for violations than in the past. However, we doubt that sole reliance on a prosecution approach will have long-term effectiveness in achieving improved care and conditions in nursing homes.

Recommendations

The Branch should obtain regular reports from its computer system to monitor whether follow-up visits are occurring, and whether violations are being corrected.

The Branch's prosecution policy should be revised as part of the Compliance Management Program, to ensure that prosecution activity is focused on the most serious violations.

An overall outline of the prosecution policy should be formalized, clarified and communicated to nursing homes and the interested public.

4.3 ACCREDITATION

Finding

The length of term of accreditation status appears to be related to compliance with the regulations.

Discussion

Over the last few years, nursing homes have increasingly sought accreditation as long term care facilities by the Canadian Council on Hospital Accreditation. The importance of accreditation has been recognized by the ONHA, in that only accredited homes have voting privileges in the association. The Ministry also recognizes the value of accreditation (and the associated costs) by providing to accredited homes an extra $0.26 per day per bed.

Accreditation status appears to have considerable "image" value among nursing homes. Nursing home administrators believe that families of potential residents view accreditation as an important factor in choosing a nursing home.

Although the Ministry and nursing homes have endorsed the accreditation objective, considerable debate remains whether meeting accreditation standards is related to complying with the Act and Regulations. From our interviews with Ministry management, inspectors and nursing home

administrators, the Branch appears to doubt a relationship. We were told by administrators that some inspectors seem threatened by the CCHA surveyors (and their positive relationship with the homes), and have taken a particularly thorough approach to inspecting homes with three-year accreditation.

The two "inspection" processes largely focus on different aspects of nursing home operations, though they have some areas in common, like resident care charting and documentation of policies and programs. Also, the accreditation survey procedures differ substantially from those of the Ministry inspectors. The visit is scheduled in advance and manuals are provided to help the nursing home prepare for the survey. The survey is normally completed in one day by one surveyor, commonly a nurse manager from another long term facility.

We understand that the CCHA objective is to encourage all long term care facilities to apply for accreditation, and to undertake a long term commitment to improving their operations. For this reason, the surveyors usually grant at least a one-year accreditation status to encourage the marginal homes to continue their efforts.

We also understand that the surveyors have been recently advised to review the last annual relicensing inspection report during their survey visit, and to consider the content of this report in reaching their decision about accreditation status. The survey decision on accreditation status (i.e., not accredited or 1-2-3 year accreditation) is reported to the Branch, but the content of the survey report goes only to the nursing home.

Our questionnaires asked for opinions on whether accreditation is related to compliance and quality of care:

"An accredited home has fewer violations than one that is not accredited."

	Strongly Agree	Agree	Total
Inspectors	0 %	6 %	6 %
Administrators	5	23	28
Owners	5	18	23

"Nursing homes that have 3-year accreditation provide better care for their residents".

	Strongly Agree	Agree	Total
Inspectors	0 %	10 %	10 %
Administrators	13	22	35
Owners	8	22	30

"Accreditation results in an improvement in compliance".

	Strongly Agree	Agree	Total
Administrators	10 %	39 %	49 %
Owners	6	36	42

These responses indicate that inspectors are particularly skeptical about any relationship between accreditation and compliance, but that nursing home administrators and owners also perceive the two processes as being substantially different.

At our request, aggregate information was produced from the Branch's computer system on the number of violations for homes with different accreditation status (see Exhibit 18). It should be noted that the category of "not accredited" includes a variety of nursing homes. It includes homes that have never applied for accreditation, homes that are not eligible for accreditation because they have been licensed less than one year, homes

preparing for their first accreditation survey, and homes that have "failed" to achieve accreditation.

Excluding the "not accredited" homes, there appears to be a direct relationship between the accreditation term (1, 2 or 3 years) and the level of compliance with the regulations. More detailed analysis would be required to determine whether some other variable (e.g., size of home) is involved in this relationship.

Recommendations

The accreditation survey provides an assessment which complements Branch inspections and which should be included in the Branch's Compliance Management information on each home.

The Branch should consider adopting certain aspects of the accreditation process in improving its relationship with the nursing homes -- most particularly the public availability of the surveyor's expectations, and the positive, constructive attitude that the surveyor takes into the home.

Details of Recommendations

Assuming that the Branch is able to improve its relationship with the majority of nursing homes, it may be able to request voluntary submission of the accreditation report. This information could then be added to the Minstry's information system for monitoring nursing homes.

5. ORGANIZATION OF THE NURSING HOMES BRANCH

This section deals with the organizational requirements for effective performance of the Branch's mandate. The recommendations in this section are summarized as follows:

- The Branch's operations should be separated into Compliance and Enforcement sections;
- All staff in each regional office should report to their Regional Supervisors who would be responsible for day-to-day supervision and quality assurance. The existing positions of coordinators/consultant in Head Office would become program advisors for their particular disciplines, and would play a key role in the development of regulations, guidelines, policies and the Compliance Management Program.
- The Branch should open a regional office in Northern Ontario, thereby allowing greater efficiency in professional staff utilization and facilitating closer relations with homes in this area of Ontario.
- The Enforcement section should be staffed by specially-trained inspectors from relevant disciplines, working out of Head Office with the guidance of a lawyer and special investigator.

Each of these are treated separately below, with a final section devoted to Branch staffing requirements.

5.1 BRANCH STRUCTURE

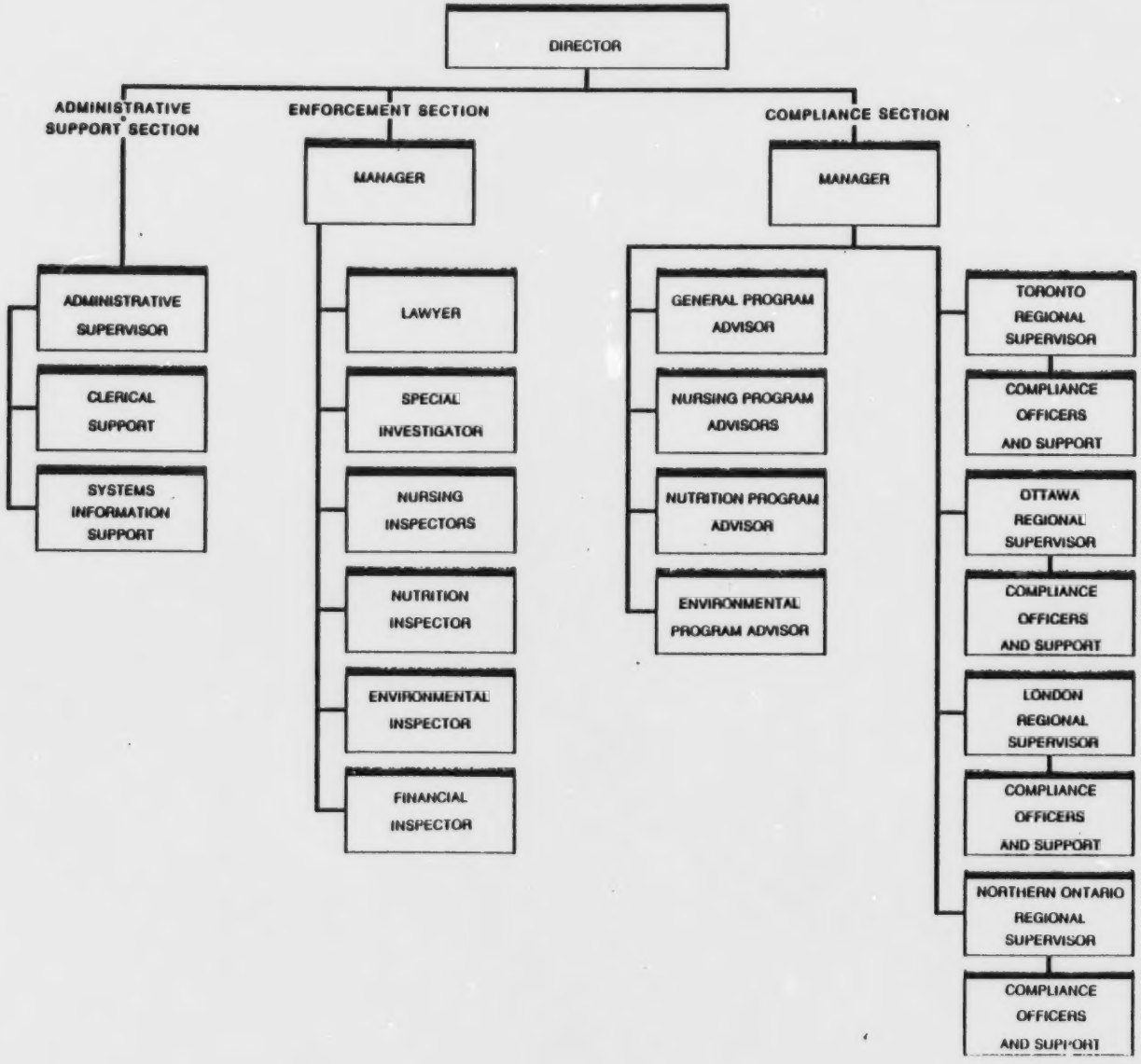
Finding

The current integration of inspection, enforcement and policy development functions has created an adversarial relationship with nursing homes and has caused a shift in the Branch's approach and attitude to enforcement. The current organization also does not recognize the different skills and approach required for the different functions.

MINISTRY OF HEALTH

NURSING HOMES BRANCH

PROPOSED ORGANIZATION STRUCTURE



Discussion

Section 3.3 documented the need to separate the inspection and enforcement functions in order to improve relations with nursing homes and facilitate the introduction of the Compliance Management Program. This section outlines the organizational changes required in the Branch to effect this separation of functions.

We believe it will be important to extend the functional separation through to the manager level, in order to provide the external credibility required. For example, an administrator seeking clarification of a Compliance Officer's advice on a particular point is likely to deal with the Compliance Section Manager differently than if that manager were the same one he would deal with on a matter arising from an investigation. It is also reasonable to expect that the Compliance Section Manager would respond in a more positive and constructive manner, thereby building a cooperative relationship with the administrator.

Recommendations

The Nursing Homes Branch should be divided into two professional sections, Compliance and Enforcement, each under the direction of a separate manager reporting to the Director. The program development function would have specific professional staff, reporting to the Compliance Section Manager. A third section, Administrative Support, would provide clerical and information support to the two professional staff sections.

All regional staff would report through the Compliance section. Enforcement staff would serve the province from the Head Office location.

The proposed organization for the Branch is shown opposite.

5.2 REGIONAL SUPERVISION AND QUALITY ASSURANCE

At the present time, Environmental, Fire Safety, and Nutrition inspectors report directly to the specific coordinator for each of these disciplines, located at Head Office. Nursing inspectors report to the supervisor of their region.

With the exception of nursing, the coordinator in each discipline is responsible for managing the time and performance of four to seven professionals with whom he only occasionally comes into contact. This approach was adopted to encourage consistency in inspection methodology for each discipline across the province.

The disadvantage of this approach is that the inspectors in these three disciplines are largely unsupervised on a day-to-day basis. Also, different administrative policies have developed for inspectors working in the same regional office. Examples include differences in reporting requirements, the use of time "in lieu" (i.e., compensation for overtime) and policies concerning the use of rental cars and hotels.

Quality Assurance

All nursing inspectors' reports are reviewed by their Regional Supervisors and by the nursing consultant in Head Office. Inspection reports from the other disciplines are reviewed by their coordinators in Head Office. At present, inspection reports from all disciplines are then reviewed by the Operations Manager, with exceptional reports being passed on to the Director for review.

Recommendations

The Compliance Section should retain its regional office structure. All Compliance Officers based at each regional office should report to the Regional Supervisor for administrative and quality assurance purposes.

Standard, province-wide administrative procedures should be developed for application by the Regional Supervisors.

All inspection reports prepared by the Compliance Officers should be reviewed by their Regional Supervisors.

The present role of the discipline-specific coordinators and consultant in Head Office should shift to program development and provision of advice in connection with their particular disciplines.

Details of Recommendations

The Regional Supervisors should review inspection reports to ensure that the work of the Compliance Officer has been carried out in a professional manner and that the findings of the report are sound and well documented. This review process will allow the supervisors to keep fully informed about the quality of operations in the nursing homes within their regions.

Program advisors would no longer have responsibility for reviewing all reports, but only those which are referred to them by a Compliance Officer or Regional Supervisor. These referrals might be to obtain information or advice on how to deal with a specific problem, or it might be to alert the program advisor to an emerging issue or to a new approach that a particular nursing home had developed for improving operations.

The program advisors will need to be knowledgeable and skilled at working with a variety of people, inside and outside the Ministry. They will play a key role in working with nursing homes in developing/ amending

regulations, interpretations and guidelines for these regulations, and introducing the Compliance Management Program.

5.3 REGIONAL OFFICES

Finding

The province is currently divided into three regions, with Regional Offices located in London, Ottawa and Toronto. Travel requirements and size of nursing homes vary greatly among the Regions, affecting the time required to conduct inspections and hence, inspector workload.

Discussion

The size of the province and the widespread location of nursing homes results in a great deal of travel for inspectors. This is especially true for inspectors from the Ottawa office who are responsible for nursing homes located in Northern Ontario. (An exception is Fire Safety for which an inspector is permanently located in Sudbury.)

Another factor affecting inspection workload is the relative size of homes in the three Regions. Because homes in the Toronto Region tend to be larger, an average inspection in Toronto takes longer than inspections in the other regions.

The Branch has attempted to balance workload among the regions by taking these factors into consideration. For example, in recognition of the greater travelling distances for the Ottawa office, this region has been allocated fewer homes (Ottawa has 84, compared to 121 in London and 126 in Toronto). To compensate for their longer average inspection time, Toronto has been allocated more inspectors (Toronto has 14, compared to 11 in each of

London and Ottawa). Two of the three extra inspectors in Toronto are nursing inspectors, since this is the discipline which has the longest inspections.

Despite these efforts, a workload imbalance appears to continue to exist. Exhibit 19 shows a wide difference in workload between inspectors in each discipline across the different regions. Given the factors of travel time and home size, one would expect that the highest average workload (inspections/person) would be in London. This is true for all inspectors considered as a group, and for each discipline except nursing. However, one would also expect that the effects of travel and home size would "cancel each other out" in Ottawa and Toronto so that the average workload would be approximately the same. In fact, the average inspector in Toronto (all disciplines combined) conducts 16% more inspections than the average inspector in Ottawa. This figure obscures the fact that certain of the Toronto disciplines (environmental and nutrition) have a much lighter workload than Ottawa inspectors, as the following table illustrates:

Discipline	Ottawa and Toronto % Difference Between
Nursing	+18%
Environmental	-13%
Fire Safety	+26
Nutrition	-13
All Disciplines	+16%

Recommendation

The Branch should open an office in Northern Ontario to provide service to the nursing homes in this region.

Details of Recommendation

Opening a northern office would give the Branch more flexibility in assigning homes among the regions. Because of the major travel burden of serving Northern Ontario from Ottawa, we anticipate that opening a northern office could reduce the number of consultants required by two. However, these salary savings would be more than offset by the need for an additional Regional Supervisor and support staff, plus the additional overhead costs such as rent and communications.

Further analysis of this recommendation will need to be undertaken to obtain a more accurate estimate of the financial implications.

An important non-monetary benefit of opening a northern office would be improved relations with the homes in Northern Ontario. This will be essential to the introduction of an effective Compliance Management Program.

5.4 STAFFING FOR ENFORCEMENT

Finding

> In instances where it has been decided to take legal action against a nursing home, the inspector from the discipline in which the non-compliance occurred has been expected to collect the necessary evidence and present it as a witness in court. This has proven to be less than satisfactory from both the perspective of the Ministry and the individual inspector.

Discussion

The skills and attitude required for the enforcement function are substantially different from those required for regular inspections and policy development. This has been recognized in our recommendations for a separate Enforcement section, reporting to a new Manager.

Enforcement involves bringing charges against homes which are repeatedly in non-compliance and investigating homes in which the health and safety of residents is considered at serious risk. The identification of homes requiring enforcement attention is based on information received through the regular inspection process, or through complaints and incident reports.

The enforcement function requires skilled individuals from relevant disciplines (nursing, dietary, environmental and financial), with special training in the collection and presentation of evidence. Such discipline-specific inspectors will continue to require guidance from a lawyer and special investigator. A lawyer dedicated full-time to prosecution and licence revocation proceedings allows the Branch to have the required legal expertise and experience. A special investigator provides the Branch with specialized skills in the collection and presentation of evidence.

Recommendation

> The Enforcement Section should be staffed by specially-trained inspectors drawn from relevant disciplines, working under the guidance of a lawyer and special investigator.

Details of Recommendation

All Enforcement staff should be based at Head Office to ensure that their activities are fully supervised and their time is appropriately and efficiently utilized.

"Problem homes" would be identified by referral to the Enforcement Section from the Compliance Section Manager, through the mechanisms of the Compliance Management Program.

5.5 STAFFING REQUIREMENTS

Finding

The current number and mix of staff will need to change to meet the clarified mandate of the Nursing Homes Branch.

Discussion

Although inspection responsibilities for fire safety and a large proportion of environmental areas will be transferred to other agencies, the Branch will require approximately the same staff complement.

Our estimate of the required Compliance Officer staffing is shown in Exhibit 20. Each Compliance Officer will be responsible for 11 nursing homes, which compares favourably to the United States average of 13 homes per field surveyor. The distribution of Compliance Officers among the regions will be affected by the boundary drawn for the new regional office in Northern Ontario. In making our calculations, we have ignored the current differences in nursing home size and required travel time, assuming that the effects of these differences can be eliminated, or at least reduced, through redistribution of nursing homes among the regions.

In the Enforcement Section, we believe there will be a continued need for a lawyer and a special investigator. Discipline-specific inspectors will be required for the areas covered by the amended regulations (i.e., nursing, nutrition, environmental and financial). Because of the volume of nursing requirements, and the fact that the most serious violations may be nursing violations, two nursing inspectors will likely be required, while one in each of the other disciplines should be adequate.

Improvements in information systems and administrative procedures (see Section 8) will allow clerical staff to devote more of their time to assisting the professional staff. This assistance will include answering general telephone enquiries and correspondence from the public and operators. For purposes of our staffing estimate, we have assumed that the number of clerical staff will remain unchanged, as it is uncertain at this time what effect the increased monitoring under the Compliance Management Program may have on clerical workload.

Recommendation

The Branch should adopt the staffing complement outlined in Exhibit 21.

Details of Recommendation

Exhibit 21 does not portray the short term staffing levels since a transitional period will be required. During this time, fire inspection should be transferred (i.e. immediately), and certain aspects of environmental inspection should be transferred or eliminated (i.e., some transferred immediately to local public health units and some eliminated at the completion of work by the Compliance Plan Review Board). Also, training in the remaining environmental issues and nutrition issues will be needed for the Compliance Officers to qualify them to act as multi-disciplinary consultants.

It is difficult to assess what impact these transfers will have on the Fire Marshall's Office and local public health units. Since these agencies already have the necessary authority, no legislative changes will be required. We would expect that additional resources will be required in those areas where public health units have not been inspecting nursing homes. However, the impact will need to be assessed on a region by region basis.

6. HUMAN RESOURCES MANAGEMENT

6.1 RECRUITMENT

Finding

The recruitment practices in the Branch have been improving, but will need to be revised and augmented to ensure selection of appropriate candidates for the compliance and enforcement functions in the proposed structure.

Discussion

The Nursing Homes Branch has been recruiting in the traditional government board manner, using a panel of interviewers including:

- the regional supervisor, coordinator or manager;
- the Human Resources officer assigned to the region; and
- one other supervisor, coordinator or manager when available.

The Human Resources Branch of the Ministry of Health has provided a pre-screening service to assess the paper qualifications of the candidates, and to develop for the supervisor/manager a list of candidates to be interviewed.

Our analysis of the interview questions used by the selection panel for recruiting inspectors indicated that key aspects of the job (such as oral and written communication skills, judgement and the ability to cope with stress) have not been assessed. In the nutrition and environmental areas, the interview questions have been highly knowledge-oriented. There is no up-to-date fire inspector selection process because the Branch has relied on transfers from the Ministry of Housing. The nursing supervisors have had the

best selection process from a technical perspective. The nursing inspector competition recently completed showed further improvements, one of which was the inclusion of a written communications skills exercise.

Recruitment processes need to be further improved by being more behavioral and less theoretical, and the Regional Supervisors need training in this area. In general, the level of support, direction and training from the Human Resources Branch has been minimal.

As the role of the inspectors will be changing, consultation skills will become essential both for compliance officers and Regional Supervisors.

Our meetings with nursing home administrators and owners convinced us of the need for compliance officers to have up-to-date experience and training in long term care - particularly with regard to the resident care aspects of nursing home operations. Unless compliance officers have such a background, they will be limited in their ability to act as a positive resource to nursing homes.

Recommendations

A thorough and complete job analysis will need to be conducted for the new Compliance Officer position to identify the knowledge, skills, abilities and experience required. This will form the basis for the job description and the selection process.

The same steps should be taken for the enforcement inspectors.

The selection process should be behavioral rather than theoretical, as the new positions will require judgement and interpersonal skills that can best be assessed in behaviorally-oriented interviews and simulation exercises.

The supervisors and managers involved in the selection process will require training in selection techniques.

Details of Recommendations

The requirements for the Compliance Officer position should include:

- long term care training
- work experience in a long term care setting
- judgement
- consultation skills

The requirements for the enforcement inspector position should include:

- ability to cope with stress
- decisiveness
- judgement
- ability to analyse data

6.2 ORIENTATION

Finding

With the exception of the new orientation program for nursing inspectors, orientation has been restricted to field observation of other inspectors and supervisors, and reading of the Act, forms and guidelines. However, while the new orientation process addresses essential knowledge and provides field observation, it does not address skill development.

Discussion

Historically, orientation has been an area of weakness in the Branch. Inspectors have learned (a) by observing how other inspectors conduct various kinds of inspections in the field, and (b) by studying the Act and Regulation, the guidelines, and the working forms. Consequently, the orientation has only been as good as the performance of the inspector being observed. The absence of an orientation program has contributed to the

difficulty of maintaining consistency in the application of the Act among inspectors.

The Branch is now beginning to produce a policy and procedures manual. Lack of such a manual was a problem during the past year when a number of new staff were hired and there were a large number of policy and procedure changes.

A strong positive step towards improving the effectiveness and consistency of the inspection process has been the introduction of an orientation program for the nursing inspectors. This new eight-week orientation program places a heavy emphasis on the rules and regulations of Nursing Homes Act and "how to" conduct an inspection.

Long term care experience has not been an essential recruitment requirement. Those staff who did not have such experience have not been placed in "good" nursing homes for a period of time to gain an understanding of the day-to-day operations of a nursing home (although this idea was considered some years ago).

Orientation will become even more critical as the new structure is implemented and the role of the Compliance Officer develops to include nutrition and selected environmental items.

Recommendations

A well-developed orientation process is required to increase the consistency of performance among Compliance Officers and enforcement inspectors.

A policy and procedures manual, incorporating changes in Branch operations as a result of this review, should be developed.

If new Compliance Officers have not had recent long term care experience, they should have an orientation placement of two weeks in a "good" nursing home. Similar two week "refresher" placements in nursing homes should be arranged for existing staff who have been out of the field for some time.

Details of Recommendations

We suggest the orientation process include:

- objectives of the Branch and the inspection system;
- the Act and Regulation, guidelines and working forms;
- Policy and Procedures Manual
- inspection/investigation procedures;
- the Compliance Management Program;
- the appeal process for nursing homes;
- relations with nursing homes and the public;
- case studies;
- nutrition standards and inspection procedures.

The orientation program also should include sessions on communication skills, consulting skills and adult education principles to support the new Compliance Officer role.

6.3 TRAINING AND DEVELOPMENT

Finding

Although training opportunities have increased over the last two years, the Branch still suffers from inadequate training and development efforts. This has contributed to the perception by nursing homes that some of the inspectors are out of touch with contemporary gerontological concepts.

Discussion

Most of the inspectors have attended conferences and seminars related to their functions, sponsored by professional associations. The Branch holds an annual conference which is primarily devoted to informing staff of changes in Branch policies and procedures.

Responses to the inspector questionnaire indicated that training for inspectors (to improve skill levels or to update them on changes in policy and procedures) has rarely been provided. However, a recent policy decision has been made to ensure that all professional staff are allocated a minimum number of training days per year. Several inspectors interviewed identified courses that they felt they should be attending in order to maintain effective job performance.

The nursing inspectors tend to have more training and professional development opportunities than the other inspectors because of the level of professional development within the nursing profession. The training and development profiles completed by all staff members indicated that many of the nurse inspectors currently belong to geriatric nursing associations and regularly attend meetings. Much of this activity is on the inspector's own time. The Branch should sponsor developmental activities, as remaining current on gerontological issues will become even more essential to effective job performance as the inspectors take on a consultative role.

The only inspector group that has had substantial Branch-sponsored training is the fire inspectors. This was necessary because half of the fire inspection staff came to the Branch without a fire safety background. These new staff received several weeks of extensive technical training at the Fire College.

Recommendation

The Branch should ensure that all professional staff receive appropriate internal and external training each year. The workload scheduling should allow for a minimum of five days per year.

6.4 WORKLOAD BALANCING AND SCHEDULING

Finding

Workload balancing and scheduling has been a major problem because of vacancies, an increasing number of complaints, and the requirements of the Compliance Plan Review Board and other Head Office projects. Scheduling improvements have been made in two of the regions, and is planned for the third.

Discussion

On the surface, all four disciplines are performing a similar inspection function. However, the depth and complexity of the inspections vary significantly by discipline and are reflected in the staffing complement. For example, a regional office may have one environmental health inspector, one nutrition inspector, two fire safety inspectors and five nursing inspectors.

The workload balance across the regions is uneven. For example, a fire inspector in one region has time to do inservice training, while the inspectors in the other regions scramble to complete their inspection workload. Toronto has commonly been short-staffed requiring secondment of inspectors from the other two regions to cover inspections and complaint investigations.

Three factors that affect workload are travel time, the size of homes and the physical condition of homes. Scheduling and balancing of workload has been further complicated during the past year by absence of staff in many areas (due to illness, resignation, maternity leave, etc.). Also, 75% of inspectors indicated that scheduling is difficult due to constantly changing priorities, as the result of complaints, projects originating in Head Office, or illness requiring inspectors to cover for each other.

A major improvement in scheduling has been implemented in two of the regions. The Regional Supervisors now have monthly meetings with all staff to plan the schedule for the next three months. The schedule includes all types of planned inspections. This process avoids having one inspector start the relicensing process without coordination with the others.

The scheduling changes ensure that inspectors maximize their inspection time. This is particularly critical for relicensing purposes, because the legislation requires that all four disciplines must enter the homes within ten days of the first inspector's entry. This scheduling system will be introduced to the remaining region in the next few weeks.

At the present time, workload balancing and scheduling is done on a manual basis. The use of a computer to schedule relicensing and follow-up visits would be beneficial.

Our proposed change to a single compliance officer will significantly simplify the scheduling problem because much of the complexity arises from having to coordinate the visits of all four disciplines during the relicensing process.

Recommendation

> The Branch should acquire appropriate computer software to ensure that workload is balanced, and the scheduling is efficient and maximizes the compliance officer's time for nursing home contact.

6.5 SUPERVISION

Finding

> The nature of the job requires inspectors to operate independently and there is no systematic review of their day-to-day activities.

The supervisory and management skills of the Regional Supervisors require improvement. Key areas of deficiency are planning, leadership and communication.

Discussion

The nature of the inspector's job makes supervision difficult because the inspectors typically are out of the office 3.5 to 4 days every week. Although supervisors and coordinators know which homes inspectors will be visiting, they rarely have a chance to observe them conducting an inspection. (Observation is particularly difficult to arrange for coordinators, who supervise inspectors working across the province.) Judgment of the performance of inspectors is primarily based on the quality of inspection reports, the apparent judgement shown in citing violations, informal and sporadic feedback from nursing home administrators, and the problems that inspectors raise for discussion with their supervisors or coordinators. This indirect approach to supervision means that poor performance may remain undetected for some time.

In fairness to the supervisors and coordinators, many of the inspectors commented that they had received immediate feedback when their superior felt that they had acted incorrectly. As a result of identified deficiencies, several inspectors were sent on courses to improve their report-writing skills.

Over the years, inspectors with performance problems have been identified by the Regional Supervisors - often as a result of informal feedback from the nursing homes. It is our impression that the solution to these "problem" inspectors has been to change their allocation of homes

(perhaps with remedial counselling) rather than remove them from their positions.

The supervisors and coordinators tend to be technical specialists and/or good inspectors who have been promoted to supervisory levels. In general they have had little formal managerial or supervisory experience and training, and their skill levels vary significantly. This is reflected in substantially different styles of management in the three regional offices.

In our proposed structure, there will be a need for strong supervisors whose skills include the ability to work effectively with the policy advisors. It will be important that the strengths and weaknesses of current supervisory staff be thoroughly assessed to avoid problems during restructuring.

Recommendations

A job analysis should be conducted for the Regional Supervisor position, to use as the basis for a job description and for the selection process.

On-site observation should become an essential part of the supervision of the compliance officers.

Details of Recommendations

The requirements for the Regional Supervisor position should include:

- geriatric nursing experience
- supervisory or management experience
- excellent oral and written communication skills
- proven ability to motivate and build a team
- demonstrated planning skills
- ability to implement new ideas and concepts

6.6 PERFORMANCE APPRAISAL

Finding

Performance appraisal is virtually non-existent in the Branch, with the exception of probationary appraisals for new staff. There are no standards of performance defined for inspectors or other staff.

Discussion

The problems in performance appraisal are similar to those in supervision. Performance appraisal seldom occurs except for probationary staff, and performance standards do not exist. Several inspectors and supervisors have not been appraised in over five years. Some staff had initiated discussion of performance with their supervisors, but there had been no formal documentation.

The Operations Manager has begun to address this problem. Head office coordinators/consultant have been asked to define responsibility areas, results expected, and performance standards. The first draft produced indicates that the Branch could benefit from professional help in this area.

We believe that a formal performance appraisal system would be welcomed by the inspectors.

Recommendations

The Branch should continue the process of defining performance standards and indicators.

Performance appraisals should be completed annually for all staff, based on informal quarterly performance review sessions.

Details of Recommendations

The performance appraisal process for the compliance officers should include performance standards related to:

- on-site observation;
- reports submitted - on time
  - of high quality with few to no errors; and
- feedback from the homes.

Other criteria should be developed based on the job description.

Training and development needs should be included in the performance appraisal process.

6.7 COMPENSATION

Finding

Compensation inequities exist among the four types of inspectors, but are in the process of being rectified for fire and nursing inspectors. The level of compensation may have been a factor in the Branch's recruitment problems.

Discussion

Compensation has been a major problem for three categories of inspectors (nursing, nutrition and environmental health) because the fire safety inspectors are paid significantly more than the other inspectors. This situation is being rectified by the Branch.

The Fire Inspectors are being classified as Fire Service Advisor I, working 36-1/4 hours per week. Previously they were classified as working 40 hours per week. Although this decreases the salary range of these inspectors by $4,000, they are still the second highest category among the inspectors.

The nursing inspector job description and classification is currently under review, and the salary will increase significantly. The classification of the nursing inspector has been increased to a Nurse 2 Public Health with the salary range increased by approximately $6,000. However, when implemented, many long tenure nursing inspectors will be making close to the same salary as brand new inspectors because they will all move to the bottom of the range.

The reclassification of the nurse inspectors reflects the perception by most members of the Branch that the nursing inspector's job is more complex and difficult than that of the other inspectors, because they assess the largest and least well-defined portion of the regulations.

The inequity in compensation has been affecting morale. Questionnaire responses clearly indicate that inspectors feel their salaries do not reflect their performance, skill or workload. As with most civil service positions, the salary range bands are relatively narrow. Inspectors reach their maximum salary level quickly and then receive only cost of living increases.

The new structure will require that the position of compliance officer be appropriately classified to reflect the necessary level of skills and experience.

In general, there has been little opportunity for advancement within the Branch because there is only one level in each inspector classification. Also, without formal management training, inspectors have been unlikely to be eligible for more senior positions in the Branch or elsewhere in government. Some inspectors and Branch management have found career opportunities in the nursing home sector.

Recommendations

The Branch should classify the compliance officer position to reflect the skill and experience requirements and the expanded function.

The Branch should consider the possibility of having two or three compliance officer levels to compensate superior performance, knowledge and skill.

The performance appraisal system should be applied with rigour so that merit increases would truly be deserved.

6.8 MORALE AND WORKING CONDITIONS

Finding

The Nursing Homes Branch, particularly the Head Office and Toronto regional office, has become an increasingly stressful work environment. Morale currently is poor. Poor working conditions have contributed to stress and low morale in the Branch.

Discussion

The Nursing Homes Branch is a stressful work environment, with some of the key pressure factors being:

- high volume of work that has been increased by the requirements of the Compliance Plan Review Board;
- constant deadlines for inspections, investigations and reports;
- frequent requests for information from senior Ministry officials; and
- high volume of public complaints and demands for investigations.

The Branch is staffed by dedicated employees who, for the most part, have a professional attitude towards their jobs. The inspectors believe that the work they do is important because their function affects residents' lives. Their dedication is reflected in the large number of long tenure staff in the Branch (Exhibit 22).

The pressures on the Branch in recent months have been exacerbated by vacancies in inspector and supervisory positions due to resignation, long term illness and pregnancy leave, and also by the information requirements of the Compliance Plan Review Board.

The Head Office and Toronto regional office appear to experience the greatest pressure from both internal and external demands, resulting in higher turnover of staff in these offices.

Our interviews with inspectors in all offices found little sense of teamwork. In fact, there has been frequent conflict between the environmental and nutrition inspectors over their areas of responsibility. These conflicts have been worked out within each region. All inspectors identify strongly with their specific discipline and generally feel that they work independently.

At the management level, the supervisors and coordinators also have had little sense of team over the years. Positive changes are occurring through the recent implementation of regular meetings and weekly teleconferences.

Branch meetings have been held annually. They have been tightly scheduled information sessions that allow little time for team building. There are plans to add quarterly Branch meetings.

All inspectors, coordinators, supervisors and support staff indicated that they would like more contact with other members of their functional groups. The first ever meeting of the clerical staff was held within the last few months and was greatly appreciated.

Although only one office raised concerns about the working conditions in the Branch, all of the others would have been justified to do so. All offices used by the Nursing Homes Branch are in need of renovation and refurbishing. Facilities are crowded, and equipment and furniture are antiquated and dirty. In the London regional office, the space is so crowded (on those days when all inspectors are in the office) that inspectors' chair backs touch. The Ottawa office is the only one that appears to have adequate space for the inspection staff, and even that office does not have a meeting room that can comfortably hold all staff members at one time.

All four offices suffer from lack of modern office equipment, particularly word processing capability and printers for the computer system.

The job of inspector is a demanding one, with constantly changing priorities because of the need to respond to complaints, letters from the public, and queries from Head Office. These issues, coupled with uneven distribution of homes for some disciplines and tight deadlines, make the working conditions difficult. The office conditions add further pressure to their jobs and tempers often flare when all staff are in together. Because of high stress potential in their contact with nursing homes, the inspectors' office environment should be conducive to regeneration of energy levels.

Improvements in record keeping and reporting would reduce the need for storage and the clutter in the offices. The amount of paperwork required of inspectors has increased over the past two years. The computerized information system has not resulted in greater efficiency of the inspection function. In fact, it has increased the workload and the pressure. (Information management is discussed in Section 8.)

All of these factors affect the morale of the group as a whole. However, restructuring the Branch and improving information management as discussed in Section 8 should have a major positive impact.

Recommendations

Regional meetings should be held on a monthly basis to encourage teamwork, consistency in inspection procedures and a proactive approach to addressing problems.

Regional Supervisors should meet with Head Office management at least monthly to discuss problems and policy/procedure changes, and encourage consistency in management style across the province.

7. INSPECTION PROCEDURES

This section discusses the inspection process, with particular emphasis on the incorporation of a compliance management approach. Compliance management is the identification, monitoring and prevention/control of those factors most likely to result in harm to the health, safety, comfort and rights of nursing home residents.

Following is a brief summary of the recommendations of this section:

- each visit to a nursing home by a compliance officer, regardless of the purpose of the visit, should include assessment of the most important items identified by the Compliance Management Program;
- re-licencing inspections should continue to be conducted annually, but compliance officers should have much more frequent contact with nursing homes either through on-site visits or by telephone;
- in the short term, the Branch should continue unannounced inspection. However, a shift towards assessment of outcomes of care delivery will make this less necessary in the future;
- administrators should be provided a mechanism for commenting on compliance officer visits, and for appealing compliance findings with which they cannot agree;
- annual relicencing reports released to the public should provide the lay reader with an indication of the relative importance of areas of non-compliance, and also identification of areas of satisfactory performance; and
- reporting of compliance findings to Branch management and senior Ministry management should be guided by the principles of compliance management.

7.1 SCOPE OF INSPECTION

Finding

Annual re-licencing inspections cover all regulations; follow-up inspections concentrate on those areas identified as being in

non-compliance during the annual inspection. Other inspections deal only with the specific area giving rise to the investigation, most commonly as the result of a complaint.

Discussion

Full inspections (i.e., examination of all requirements) are completed annually for relicensing purposes to determine, at a particular point in time, the extent to which a nursing home is operating in compliance with the Nursing Homes Act and Regulation. Full inspections also are conducted at the time of transfer of ownership, since all instances of non-compliance should be identified. All other inspections focus on a specific area of concern.

Conducting inspections in this fashion does not give recognition to the relative importance of non-compliance with the various requirements. Nor does it recognize the need for preventive monitoring between full inspections.

Recommendation

Each compliance officer visit, regardless of the purpose of the visit, should include assessment of all important items. The compliance officers also should discuss these items when they contact the homes by phone. The items to be treated in this manner would be identified by the Compliance Management Program.

7.2 TIMING AND FREQUENCY OF INSPECTION

Finding

Re-licencing inspections are conducted annually. Follow-up inspections are conducted to ensure resolution of areas of non-compliance. Other inspections are conducted in response to specific events such as complaints, serious incidents and transfers of ownership.

Discussion

Timing and frequency of inspections in the current system are reactive in the sense that they are triggered by legislative requirements or by complaints and incidents. The annual re-licencing inspection is required by legislation, and Branch policy requires the investigation of all complaints from residents, family members or nursing home staff. The Branch does not currently have the manpower or systems to effectively monitor nursing homes between regular inspections.

Recommendation

The Branch should continue to conduct full annual compliance inspections in connection with the re-licencing process. Follow-up inspections should only be conducted where areas of serious non-compliance are identified during the annual inspection.

The visits which occur as a result of complaints/incidents should be conducted by either the home's regular compliance officer, or by an inspector from the Enforcement section, depending on the relative importance of the item involved. Minor complaints would be investigated by the home's compliance officer; more serious complaints would be investigated by the Enforcement staff.

Other types of inspections (e.g., pre-sale) should be conducted by the Enforcement staff.

Details of Recommendations

The Compliance Officers should take a more proactive role by phoning and visiting their nursing homes several times throughout the year to provide advice and assistance to the nursing home administrators. Each compliance officer should be assigned a group of homes so that the repeated visits, and other contacts with the homes, would result in the establishment of a positive, constructive relationship. The frequency and timing of these

contacts will vary from home to home depending on their compliance status. The relative importance of complaints would be determined by the Compliance Management Program, e.g., low importance - the serving of cold food; high importance - the failure to administer medication in accordance with physician's orders.

The level of importance will not only determine who will investigate a complaint, but also the response time for the investigation. Important items should be investigated immediately while less important items could be deferred, possibly until the next regularly scheduled visit by the compliance consultant.

7.3 UNANNOUNCED INSPECTIONS

Finding

Inspections are conducted without prior announcement to the nursing homes.

Discussion

The rationale behind this approach is that unannounced visits prevent nursing home administrators from making "cosmetic" changes which will allow the home to appear as though it is operating in compliance with the regulation. This approach is necessary because the inspectors base most of their conclusions about the operation of the nursing home on structure and process criteria, rather than on the results or outcomes of care.

Legislation is currently silent as to whether inspectors have the authority to examine patients to determine their health status resulting from the care provided by the nursing home. In practice, they rely on

observation of the facility and the care delivery process -- both of which can be made to look better on special notice. Therefore, Branch policy has been to make its inspections unannounced to reduce the opportunity for cosmetic improvements.

If the Branch had an effective way to audit the outcomes of care (rather than structure and process criteria), it would be less necessary to make unannounced inspections. However, at the present time, the nursing homes do not have well-developed quality assurance programs or outcome measures, and it would be difficult for the Nursing Homes Branch to monitor outcomes without this infrastructure in place.

Recommendations

In the short term, the Branch should continue to make all visits to nursing homes unannounced.

Meanwhile, the Branch should begin to shift the focus of its inspections away from structure and process criteria to outcome monitoring.

7.4 FEEDBACK ON INSPECTIONS

Finding

There has been no mechanism by which a nursing home can comment to the Nursing Homes Branch on the manner in which an inspection has been conducted, nor any process for appealing the results of an inspection.

Discussion

Currently, owners and administrators sometimes believe that they have not been dealt with fairly by the inspector, but have no accepted mechanism for voicing concerns. Those who feel compelled to contest an

inspection report usually go straight to the Branch Director, but there is no formal recognition that this avenue is open to the homes, nor is there any formal procedure established for consideration of the dispute. The only official way of dealing with disputes is in legal proceedings after a charge has been laid, or in licence revocation proceedings. This is costly and time consuming for both the Branch and the nursing home.

The absence of a first-level mechanism for expressing concerns also tends to either bury them or escalate them beyond their real importance. This denies the Branch as opportunity to quietly review the situation at the regional level. This situation is not conducive to development of a positive working relationship between the Ministry of Health and nursing homes.

The absence of a feedback mechanism also limits the Regional Supervisor's ability to identify performance problems among the region's staff.

Recommendations

Administrators should be encouraged to contact the Regional Supervisor if they have concerns about the manner in which an inspection was conducted, or conversely, if they wish to compliment a compliance officer's approach.

An appeal process should be developed for instances when issues cannot be resolved with the Regional Supervisor.

Details of Recommendations

The appeal process should allow both parties to present their case for adjudication, e.g., to the Manager of the Compliance Section or the Branch Director. Consideration would be given to whether the compliance officer had sufficient evidence or justification to support the finding, and whether there were any extenuating circumstances or reasonable explanations which had not been considered.

It may be desirable to add another stage to the appeal process, involving a third party from outside the Ministry. However, we believe that the internal, first-level appeal mechanism should be utilized to limit the total costs and time involved in dealing with issues that can be resolved cooperatively.

7.5 PUBLIC RELEASE OF ANNUAL INSPECTION REPORTS

Finding

Publicly-posted inspection reports highlight areas of non-compliance without giving an indication of the severity of the non-compliance or the areas which are operating well. These reports appear to be infrequently read.

Discussion

The purpose of publicly releasing inspection reports is to provide the interested public with information on the adequacy of operations of an individual home. This objective is not well served by reports which concentrate only on the areas of non-compliance. The reports give no indication of what areas are operating well, leaving the reader to deduce this information from what is not said. This is in marked contrast to the report style of the accreditation survey.

In reporting non-compliance, the reports do not give an indication of the severity of the areas in non-compliance. This prevents individuals from judging whether the non-compliance is relatively minor and can safely be ignored, or is major and should be considered in the choice of a nursing home.

The current content and format of the report may be linked to the apparent low readership by families and residents.

Recommendation

The Nursing Homes Branch should develop a reporting format which would allow an interested, but untrained, lay person to read and understand the significance of the inspection findings.

Details of Recommendation

Reports should include disclosure of the relative importance of the areas found to be in non-compliance. Ranking of the various requirements for this purpose, and for the Compliance Management Program, should be done in consultation with nursing homes.

Although it would be desirable that reports comment on the areas which are operating well in a nursing home, this may not be fully practical. As a minimum, however, the inspection reports should include a list of the general areas which were included in the inspection and where no violations were found. (The current report contains a table where the requirements are identified only by their regulation section number.) This would provide an interested person with the opportunity to determine which general areas were satisfactorily operated.

7.6 REPORTING TO MANAGEMENT

Finding

Although the Branch's head office receives duplicate copies of all inspection reports prepared by the inspectors, there is little confidence that important inspection findings are always brought promptly to the attention of Branch management and senior Ministry management. There also is little confidence that aggregate trends are identified and reported upward.

Discussion

The Branch's Head Office is virtually buried in paper, with the Operations Manager reviewing every inspection report completed by inspectors across the province.

In addition to the inspection reports, the Branch receives numerous incident reports and complaints. Serious incident reports are investigated; others are simply stored. All complaints must be investigated (according to Branch policy) and a record made.

The computerized information system contains only information from inspections, not information from other sources

The computer system has not been utilized to produce aggregate information on patterns of non-compliance or other aspects of nursing home operations.

Reporting to senior levels of the Ministry appears to be primarily reactive, often in response to an external incident or concern. There is very little time or energy for proactive reporting, especially of aggregate information.

Areas of interest change over time, following the issues raised by consumer advocacy groups, elected representatives or inquests. The information reported by the Branch would have to change to relect these trends.

Senior management that we interviewed reported having little confidence that important information was being reported upward on a timely basis. We agree. This appears to be due to a poor definition of "important", compounded by a cumbersome information management process.

Recommendation

The Compliance Management Program should determine what information is reported on a regular basis to the various levels of Branch and senior management, and with what time frames. This information should include information on specific homes with areas of serious non-compliance, and information on aggregate patterns and trends.

8. INFORMATION MANAGEMENT

Effective and efficient information management is essential to the Nursing Home Branch's ability to achieve its objectives. Our review of this aspect of the Branch's operations indicated that there are major opportunities for improvement which warrant further detailed study. These include:

- a review of the forms and record keeping procedures to identify changes in form design which would make them easier to complete and understand, and which would make the retrieval of hardcopy information easier;
- a review of computer system software and hardware to determine what changes can be made to provide the Nursing Homes Branch with information which is necessary for effective operations; and
- a review of the computer programming language to determine if FOCUS is best suited to meeting the needs of the Branch or whether another less costly and/or more effective language could be used.

8.1 RECORD KEEPING AND REPORTING

Finding

The Nursing Homes Branch has a cumbersome and ineffective record keeping and reporting system.

Discussion

The Branch is literally bursting with paper files. There are at least 60 forms in use, some of which are intended for internal use only (e.g., workload scheduling) and others for use outside the Branch (e.g., annual inspection reports).

The large volume of paperwork has created many problems, including:

- o added administrative work for the inspectors (to complete the forms) and for the office clerical staff (to process the forms);
- o excessive photocopying as the majority of the forms have a wide distribution;
- o excessive reproduction of forms;
- o ever increasing file space requirements for the retention of the information; and
- o increased likelihood of misplacing or losing critical information.

Our review of certain of the forms indicated that some are used infrequently. Others are poorly designed with the result that they are not easily completed by the inspectors and are not conducive to easy data entry to the computer.

We understand that the Fiscal Resources Branch is conducting a review of forms used by the Branch to collect and report on Branch activities (e.g., workload statistics, expense claims, etc.). However, this review does not include forms related to the inspection process per se.

An additional problem relating to record keeping is the fact that not all information about a nursing home is kept in a central file, either at Head Office, or at the regional office. This occurs because inspectors keep certain working papers in their own files. This has resulted in incomplete documentation in the regional file, and duplication between files.

Certain other problems relate to the organization and processing of information. Information is generally added to the file in the order in which it is received, accumulating to possibly six inches of material a year for one home. This makes overall analysis of a nursing home's performance

difficult, particularly if there have been incident or complaint investigations. Furthermore, the filing process involves physically moving a file as an audit progresses; this increases the risk of misfiling.

There is no evidence that the computer system has produced a reduction in manual recording and filing. In fact it appears to have increased the volume of paper and administrative workload.

Recommendation

A complete review and redesign of forms should be carried out.

Details of Recommendation

We were informed that a partial review of forms has been initiated by one of the consultants in Head Office; this activity should be expanded and strengthened.

The review should define the key issues of the inspection, determining the questions that must be asked and in what detail, and then developing the list of questions required to determine compliance or non-compliance and to have effective input into the Compliance Management process.

Once the questions are determined, the forms should be redesigned with the following in mind:

- ease of data entry;
- the requirements of an on-line entry system;
- standardization/uniformity of design and format;
- ease of use by the inspectors (i.e., consideration of form size, organization and "packaging"); and
- elimination of duplication.

We believe it would be possible to achieve a reduction of at least 20 per cent in the total number (and size) of forms through consolidation, elimination, and/or streamlining. This would lead to improved operational efficiency.

This review also should consider how records should be organized, specifically to what extent information should be centralized and how hard copy files should be organized for easy retrieval of information.

The review should be conducted in conjunction with the review of the hardware and software of the current computerized system. This is especially important since the design of the system software has required certain document formats which make them difficult to use. A coordinated study also will allow the Ministry to consider the cost/benefits of adding more of the Branch's hardcopy information to the automated system (e.g., incident reports). This increase in the completeness of information on each home that is available in the computerized system will be necessary to support the Compliance Management Program.

8.2 AUTOMATED SYSTEMS

Finding

The Nursing Homes Branch has a computerized system for collecting information about nursing homes and their inspection history. The system is burdened by a large narrative text component that makes it difficult to use for aggregate data analysis. Effective use has not been made of this system.

Discussion

The computerized system was designed and written by the Management Systems Branch of the Ministry of Health and has been operational

for about a year and a half. The system resides on the computer at the Kingston facility, but is supported from the Ministry's Overlea Boulevard location. Each of the three regional offices has direct telecommunication connection to the Kingston facility and enters information into the system through on-line terminals. However, none of the regional offices have the capability to print reports locally.

The database currently holds approximately 15 months of information consisting of about 4,500 individual inspections. It is programmed using FOCUS, a fourth generation programming language which sophisticated end-users can use to generate ad hoc reports. The original plan was to train end-users to be able to program their own reports. However, no training has been conducted and the end-users are dependent on the Management Systems Branch to create new reports,

The system currently produces about 20 standard reports. The inspection staff in the regional offices have made little use of these reports, and the Branch has not taken advantage of the system's capability to produce other reports. Our discussions with personnel in the Management Systems Branch indicated that there is significant potential for providing new historical and current reports which would be useful to both the Head Office and the regional offices.

There are several possible explanations for why the reporting capabilities of the system have not been exploited; it is likely that they have all played a role. Our experience in requesting selected aggregate data from the system illustrates the underutilization of the system's capabilities. When our request for information was submitted, we found that

there were no reports being produced which showed aggregate data on the number and type of inspections performed, or the number and type of violations cited. These would appear to us to be basic management requirements.

Failure to use the system's database for management purposes may be due to insufficient Branch time and personnel to develop a statement of their needs for the Management Systems Branch. It may also indicate that the Branch's personnel do not have an adequate understanding of the system's capabilities or its potential contribution to managing the Branch and improving the effectiveness of the inspection system.

When our request was made to the Management Systems Branch, it was necessary to hire an external consultant to prepare the necessary programs for production of our reports. The need for this was partly created by the vacation of the one programmer best suited to handle the request. We were also told that, even if this programmer had been available, our request would be delayed considerably by the volume of other, more pressing work in the Management Systems Branch.

These events indicate that Branch requests for aggregate reports would have to be submitted several weeks in advance of their requirement, if they required new programming.

Recommendation

The Branch should develop an automated information system as an integral part of the Compliance Management Program.

Details of Recommendation

The first step in achieving this goal will be to work with Branch staff to identify and formulate their information needs. Once the

programming has been completed, Branch personnel (e.g., the program advisors, the managers and appropriate clerical staff) will need to be trained as end-users.

The program advisors will have the time and experience to formulate requests for information, either on a regular or ad hoc basis. This will allow effective monitoring of trends in non-compliance and incidents, both on an aggregate basis and in particular nursing homes and ownership groups. The Managers will identify the information they require to more effectively manage the activities of the Branch.

All requests for new programming would continue to be processed by the Management Systems Branch. The priorities of this Branch should be adjusted to appropriately recognize the needs of the Nursing Homes Branch for up-to-date reports.

Following is an example list of the type of information which the Nursing Homes Branch should find useful. This list is not exhaustive; other information requirements will need to be considered.

Primary Information	Organization of Information
o Frequency of Incidents	By Classification and Cause By Classification and Nursing Home Size By Classification and Ownership Type By Classification and Employee Status (i.e., Union/Non-Union)
o Frequency of Violations	By Nursing Home Size and Region By Ownership Type and Region By Employee Status and Region
o Frequency of Inspections	By Nursing Home Size and Region By Ownership Type and Region By Employee Status and Region

Summarized versions of these reports should be prepared regularly for Branch and Divisional management, to allow monitoring of trends and the identification of serious problems as they emerge.

These information requirements probably will necessitate alteration of the computer system and modification of forms and procedures used to collect data.

Certain other aspects of the system indicate that the Ministry of Health should consider changing the software and hardware components of the system. The monthly cost of $7,500 to operate the system appears excessive. This high cost is probably due to charges for the communications links between the regional offices and Kingston, and the large capacity required for the database management system and the narrative text from inspection reports. It may be possible to reduce these costs by investigating the following three areas.

First, the Ministry should conduct a cost/benefit study to consider the feasibility of introducing micro-computers in each regional office for use in compiling the results of inspections. (FOCUS has a version which can be implemented on micro-computers.) Use of micro-computers would allow downloading of data from the mainframe for report generation and on-the-spot enquiry. It would also allow periodic transmission of data to the mainframe (e.g., weekly or monthly) for back-up purposes and for long term storage.

Second, the Ministry should study the feasibility of introducing stand-alone word processing equipment in the Head Office and regional offices. The current system stores a high volume of narrative text which

contributes to the cost of operating the system and appears to result in low priority for production in Kingston, compared to other work in the queue. Furthermore, manipulation of this text for amendments is extremely cumbersome and time consuming, causing delays in releasing reports. Both problems would be resolved through the use of word processors.

An additional benefit would be improved response time for correspondence with the public and Ministry officials since the word-processing equipment could also be used for general text typing purposes, as well as report preparation.

We understand that the Ministry has recently initiated a review of the office technology requirements of the Public Health and Nursing Homes Division, including the Nursing Homes Branch.

Third, a feasibility study should be conducted to determine whether FOCUS is really suitable for the needs of the Nursing Homes Branch. FOCUS uses a considerable amount of computer resources, and is not a very friendly language to use. This feasibility study should be conducted once the requirements for the Compliance Management program are completed.

APPENDIX A

EXHIBITS

ANNUAL INSPECTION EXPERIENCE OF A TYPICAL NURSING HOME

EXHIBIT I

	Type of Inspection	Legislation	Purpose of Inspection	Frequency	Number of Days	Advance Notice Given	Comments
MOH - Nursing Homes Branch	Relicencing (4 inspectors)	Nursing Homes Act	Relicencing	1 per year	3 - Nursing 1 - Environment 0.5 Fire Safety 0.5 Dietary	No	- takes alot of time - policy of the home is to accompany inspectors
	Follow-up (4 inspectors)		Follow-up annual inspection	1 per year	1 - Nursing 0.5 Environment	No	
	Complaint		Investigate complaint	1	0.5	No	
MOH - Audit Branch	Financial audit	Nursing Homes Act	Verify claim for fees	1	4	Yes	
Public Health Unit			Compliance with health standards	1/mo.	6	No	
Fire Marshall				-	1		- has invited fire departments to review evacuation plans and to show layout of building
Canadian Council on Hospital Accreditation	Review of service	N/A	Accreditation	2-3 years	1	Yes	- 2 year accreditation granted
Others:							
Ministry of Labour				-	-		
Resident's Complaints Review Board	General	Nursing Homes Act	Observe residents	1	1	No	
Compliance Plan Review Board	Environmental	Nursing Homes Act	Inspect structure	2	1	Yes	
- follow-up environmental inspector	Environmental	Nursing Homes Act	Obtain additional information	1	0.5	No	
Ministry of Revenue	Financial	Income Tax Act	Review property assessment	1	2	Yes	
Internal Audit - head office	Financial	N/A	Audit of financial controls	2	2	Yes	
					25.5 Days		

EXHIBIT 2

MINISTRY OF HEALTH
NURSING HOMES BRANCH

Regulations Cited in
Excess of 100 Times
(For the period ended January 31, 1986)

Regulation	Brief Description	Frequency	
5(2)	Free from hazards to health and safety	775	
21(1)	Maintained in clean and sanitary state	491	
56(12)	Equipment in good repair	337	
74(2)	Menus to be dated and posted	314	
74(1)(c)	Special diets to be provided where ordered	257	
56(1)	Nursing care to be supervised and to meet needs	239	
73(3)	Food Services Supervisor on staff	237	
76(3)	Frozen food to be identified/dated	215	
56(3)	Residents' care plan to be prepared	179	
35(4)	Storage room to be fire resistant	177	
66	Drug record book to be maintained	143	
28(8)	Doors to the outside to be alarmed	130	
56(9)	Proper body care to be provided	125	
35(7)	Kitchen and other rooms to be fire resistant	120	
8(B)	Extra charges to be authorized in writing	119	
92(A)	Medical records to be up-to-date	117	
41(1)(Q)	Exits to be clear and unobstructed	112	
10(K)	Privacy curtains are appropriate	109	
28(5)(A)	Call stations to be installed in bathrooms	108	
		4,304	43.9%
		9,802	100.0%

EXHIBIT 3

REGULATIONS HAVING THE HIGHEST RATE OF NON-COMPLIANCE

(For the Period ended January 31, 1986)

	REGULATION	PROVINCE-WIDE	LONDON REGION	OTTAWA REGION	TORONTO REGION
Number of Homes		331	121	84	126
The top ten regulations having the highest rate of non-compliance in the NURSING area.	56(12)	337	150	89	98
	56(1)	238	143	58	38
	56(3)	179	56	57	66
	66	143	71		47
	92(A)	117	74		29
	87(B)(I)	80	63		
	28(5)(A)	108	47	13	28
	88(B)(IV)	61	20		
	10(K)	109	22		50
	5(2)	77		35	19
	11(1)		31		
	8(B)			13	
	56(6)			15	
	63(2)			18	
	56(9)			34	
	11(6)				24
	55(1)(B)				19
		1,449	677	332	418
The top five regulations having the highest rate of non-compliance in the ENVIRONMENTAL area.	21(1)	346	112	109	125
	5(2)	261	91	84	86
	29(5)	70		11	45
	31(A)	55	39		
	20(6)	87			28
	2692)		11		
	76(2)		13		
	20(6)			8	
	29(1)			7	
	20(10				8
		819	266	219	292
The top five regulations having the highest rate of non-compliance in the area of FIRE SAFETY.	5(2)	199	73	55	71
	35(4)	164	55	77	32
	35()	97	27	19	51
	28(8)	122	71	25	26
	41(1)(Q)	93	6	56	31
		675	232	232	211
The top five regulations having the highest rate of non-compliance in the DIETARY area.	74(2)	314	127	35	152
	73(3)	231	38	48	145
	74(1)(C)	248	97	19	132
	5(2)	229	84	40	105
	76(3)	207	84		96
		1,229	430	169	630

EXHIBIT 4

REGULATIONS HAVING THE HIGHEST FREQUENCY OF NON-COMPLIANCE

(For the Period ended January 31, 1986)

	REGULATION	TOTAL	LONDON	OTTAWA	TORONTO
ZERO BEDS - Number of Homes		147	59	35	54
NURSING (TOP 10)	56(12)	100	50	31	19
	56(1)	68	51	9	
	56(3)	53	21	16	16
	8(B)	43	15	9	19
	66	42	26		13
	92(A)	42	30		10
	87(B)(I)	36	31		
	10(K)	32			13
	55(1)(8)	31	16		11
	11(1)	30		9	10
	28(5)(A)	30	15	9	
	64(2)	30		7	15
	88(B)(IV)		20		
	5(2)			8	
	47(3)(A)			7	
	56(6)			7	
	63(2)			7	
	81(A)		16		
	11(6)				12
	47(2)(B)				11
		537	291	119	149
ENVIRONMENT (TOP 5)	21(1)	118	39	35	44
	5(2)	87	35	32	20
	29(5)	20		2	13
	31(A)	18	15		
	20(6)	14		5	7
	26(2)		11		
	29(1)			4	4
	13				4
	20(10)			2	
	31(B)		7		
		257	107	80	92
FIRE SAFETY (TOP 5)	5(2)	83	32	28	23
	35(4)	69	24	36	
	35(1)	55	20	19	16
	28(8)	52	29	19	
	41(1)(O)	36	19		
	41(1)(Q)			20	12
	41(1)(U)				18
	4(3)				12
		295	124	122	91
DIETARY (TOP 5)	74(2)	128	53	13	62
	73(3)	106	19	19	68
	74(1)(C)	83	40		37
	5(2)	81	35	18	28
	76(3)	81	32	14	35
	76(2)			8	
		479	179	72	230

EXHIBIT 5

REGULATIONS HAVING THE HIGHEST FREQUENCY OF NON-COMPLIANCE
(For the Period ended January 31, 1980)

	REGULATION	TOTAL	LONDON	OTTAWA	TORONTO
61-120 BEDS - Number of Homes		119	45	37	37
NURSING (TOP 10)	56(12)	123	63	36	24
	56(1)	97	61	29	
	66	58	30	13	15
	56(3)	57	18	28	11
	8(B)	46			20
	28(5)(A)	42	20		16
	56(9)	42		24	
	10(K)	38	22		12
	55(5)C	36		16	
	88(C)	36		11	
	92(A)		27		
	87(B)(I)		19		
	11(1)		17		
	56(5)		17		
	5(2)			16	13
	28(7)			11	
	63(2)			11	
	11(6)				12
	55(1)(B)				12
	47(2)(B)				11
		575	294	195	146
ENVIRONMENT (TOP 5)	21(1)	140	50	54	36
	5(2)	101	40	38	23
	29(5)	28		7	13
	31(A)	28	20	3	5
	20(6)	21			15
	10(E)(IV)		10		
	31(B)		9		
	76(2)		9		
	29(1)			5	
	20(10)				5
		318	138	107	97
FIRE SAFETY (TOP 5)	35(4)	69	21	36	12
	5(2)	59	27	20	12
	28(8)	49	28		
	41(1)(Q)	49		31	14
	35(1)	38			15
	41(1(O)		13	16	
	33(7)		12		
	39(5)			18	
	41(1)(U)				16
		264	101	121	69
DIETARY (TOP 5)	74(2)	103	52	14	37
	74(1)(C)	86	36	14	36
	76(3)	82	38	11	33
	5(2)	76	30	15	31
	73(3)	74	19	17	38
		421	175	71	175

EXHIBIT 6

REGULATIONS HAVING THE HIGHEST FREQUENCY OF NON-COMPLIANCE

(For the Period ended January 31, 1986)

	REGULATION	TOTAL	LONDON	OTTAWA	TORONTO
121 - 150 BEDS - Number of Homes		34	12	5	17
NURSING (TOP 10)	36(12)	47	26	8	13
	56(1)	30	22	3	
	56(3)	27	11	4	12
	56(9)	21	12	4	5
	56(5)	20	10		6
	28(5)(A)	18	12		
	66	17	14		
	92(A)	18	10		6
	56(6)	16		3	5
	10(K)	15		2	6
	28(5)(B)		11		
	87(B)(I)		11		
	55(4)		10		
	55(5)(C)		10		
	56(2)			3	
	8(B)			4	9
	28(10)			3	
	59Z)			5	
	57(4)			3	
	82(A)				8
	55(1)(B)				7
	28(5)(A)				5
	88(D)				4
		229	159	42	94
ENVIRONMENT (TOP 5)	21(1)	40	17	3	20
	5(2)	27	9	5	13
	31(A)	7	4		3
	20(11)	6	3		
	29(5)	6			6
	11(9)		2		
	29(2)			1	
	20(10)				3
		86	35	9	45
FIVE (TOP 5)	5(2)	24	11	1	12
	35(4)	18	10	1	7
	28(8)	13	8		5
	41(10)(O)	16	6	1	9
	35(1)	13	6		7
	39(5)			4	
	39(20)			2	
		84	41	9	40
DIETARY (TOP 5)	74(2)	44	16	3	25
	5(2)	39	15	2	22
	74(1)(C)	39	14		24
	76(3)	28	10	2	16
	73(3)	28		4	18
	21(1)		8		
	74(1)(E)			2	
		178	63	13	105

EXHIBIT

REGULATIONS HAVING THE HIGHEST FREQUENCY OF NON-COMPLIANCE

(For the Period ended January 31, 1986)

	REGULATION	TOTAL	LONDON	OTTAWA	TORONTO
181 - 240 BEDS - Number of Homes		17	2	5	[illegible]
NURSING	56(12)	3	6	7	
(TOP 10)	56(1)	14	2	7	
	56(3)	19	2	3	14
	5(2)	10	1	3	[illegible]
	56(9)	18		4	13
	92(A)	10	1	2	7
	10(K)	8			8
	28(5)(A)	8			7
	66	10	1	3	4
	11(2)	6			6
	28(7)	6			6
	88(D)		2		
	28(5)(B)		1		
	47(2)(C)		1		
	47(3)(A)		1		
	64(1)			3	
	47(14)			2	
	47(2)(B)			2	
		112	18	36	71
ENVIRONMENT	21(1)	34	4	9	21
(TOP 5)	592)	24	4	5	15
	29(1)	3	2	1	
	76(2)	3	1		2
	29(5)	10		2	8
	20(6)	4			4
	19		1		
	22(6)			1	
		78	12	18	50
FIRE SAFETY	28(8)	11	3	2	6
(TOP 5)	39(5)	9	2	2	5
	5(2)	19	2	2	15
	3591)	8	1		7
	35(4)	11		4	7
	41(1)(Q)	8		3	5
	33(10)		2		
		66	10	13	45
DIETARY	74(1)(C)	22	2	3	17
(TOP 5)	74(2)	21	1	4	16
	73(3)	17		8	9
	5(2)	16		4	12
	76(3)	13	1		12
	21(1)		3	3	
	76(2)		2		
		89	9	22	66

EXHIBIT 8

REGULATIONS HAVING THE HIGHEST FREQUENCY OF NON-COMPLIANCE
(For the Period ended January 31, 1986)

	REGULATION	TOTAL	LONDON	OTTAWA	TORONTO
+240 BEDS - Number of Homes		14	2	2	1
NURSING (TOP 10)	56(12)	40	8	8	24
	56(1)	29	7	8	14
	92(A)	13	6		6
	56(3)	23	4	6	13
	56(5)	13	4		6
	56(6)	15	4	5	6
	56(9)	23	4	6	13
	66	16			13
	10(K)	12			11
	8(B)	8			8
	28(5)(B)		4		
	65(5)		3		
	72(1)(3)		3		
	88(3)(11)		3		
	21(1)		3	3	
	55(5)(C)			7	
	11(6)			3	
	5(2)			3	
	28(5)(A)			3	
		192	53	52	114
ENVIRONMENT (TOP 5)	5(2)	22	3	4	15
	21(1)	32	2	6	24
	76(2)	3	1		2
	29(5)	5			5
	20(6)	2			2
	76(2)		1		
	22(1)			1	
	29(1)			1	
		64	7	12	48
FIRE SAFETY (TOP 5)	39(8)	6	2		4
	33(9)	3	1	2	
	5(2)	14	1	4	9
	41(1)(Q)	10		2	8
	35(4)	10		3	6
	38(1)		3		
	33(7)		2		
	39(8)		2		
	41(1)(O)			3	
	35(1)				6
		43	11	14	33
DIETARY (TOP 5)	74(1)(C)	24	5	1	18
	74(2)	18	5	1	12
	5(2)	17	4	1	12
	21(1)	13	2	1	10
	73(3)	12			12
	76(2)			1	
		84	16	5	64

EXHIBIT 9

MINISTRY OF HEALTH
NURSING HOMES BRANCH

INSPECTION FREQUENCY
(For the Period ended January 31, 1986)

	Number of Inspections[1]	Number of Homes	Average Inspections Per Home
NURSING			
London	460	121	3.8
Ottawa	402	84	4.8
Toronto	393	126	3.1
Total	1,255	331	3.8
ENVIRONMENTAL			
London	378	121	3.1
Ottawa	209	84	2.5
Toronto	362	126	2.9
Total	949	331	2.9
FIRE SAFETY			
London	462	121	3.8
Ottawa	496	84	5.9
Toronto	416	128	3.3
Total	1,374	331	4.2
DIETARY			
London	345	121	2.9
Ottawa	222	84	2.6
Toronto	374	126	3.0
Total	941	331	2.8
ALL DISCIPLINES			
London	1,645	121	13.6
Ottawa	1,329	84	15.8
Toronto	1,545	126	12.3
Total	4,519	331	13.7

NOTE

1. "Inspection" denotes all types of inspections, including annual re-licencing, follow-up, complaints investigation, etc. The period covered by these inspections varies by inspection type. For annual inspections it is November 1, 1984 to January 31, 1986; for all other types of inspections it is January 1, 1986.

EXHIBIT 10

MINISTRY OF HEALTH
NURSING HOMES BRANCH

Volume of Violations
by Inspection Type
(For the period ended January 31, 1986)

	All Regions			London			Ottawa			Toronto		
	Total Violations[1]	Number of Inspections	Average Per Inspection	Total Violations[1]	Number of Inspections	Average Per Inspection	Total Violations[1]	Number of Inspections	Average Per Inspection	Total Violations[1]	Number of Inspections	Average Per Inspection
ANNUAL INSPECTION[2]	5,738	1,865	3.1[2]	1,921	602	3.2[2]	1,303	473	2.8[2]	2,514	790	3.2[2]
FOLLOW-UP INSPECTIONS	2,718	1,592	1.7	1,281	607	2.1	741	559	1.3	696	426	1.6
COMPLAINT INVESTIGATIONS	446	370	1.2	166	106	1.6	95	72	1.3	185	192	1.0
OTHER INSPECTIONS	900	692	1.3	440	330	1.3	283	225	1.3	177	137	1.3
TOTAL	9,802	4,519	2.2	3,808	1,645	2.3	2,422	1,329	1.8	3,572	1,545	2.3

NOTE: 1. The Nursing Homes Branch has not been citing structural deficiencies in non-compliance because of the hearings being held by the Compliance Plan Review Board.
2. Each annual inspection is composed of a visit by an inspector from each of the four disciplines (ie. nursing, environmental, fire safety, and dietary). For this reason, the average violations on the annual inspection per nursing home can be calculated by multiplying the average number of violations per inspection by four (eg. All Regions - 3.1 x 4 = 12.4).

EXHIBIT II

MINISTRY OF HEALTH
NURSING HOMES BRANCH

Volume of Violations
By Discipline
(For the Period ended January 31, 1986)

	All Regions			London			Ottawa			Toronto		
	Total Violations[1]	Number of Inspections	Average Per Inspection	Total Violations[1]	Number of Inspections	Average Per Inspection	Total Violations[1]	Number of Inspections	Average Per Inspection	Total Violations[1]	Number of Inspections	Average Per Inspection
NURSING	4,728	1,255	3.8	1,978	460	4.3	1,120	402	2.8	1,630	393	4.1
ENVIRONMENTAL	1,066	949	1.1	437	378	1.2	245	209	1.2	384	362	1.1
FIRE SAFETY	2,336	1,374	1.7	807	462	1.7	812	496	1.6	717	416	1.7
DIETARY	1,672	941	1.8	586	345	1.7	245	222	1.1	841	374	2.2
TOTAL	9,802	4,519	2.2	3,808	1,645	2.3	2,422	1,329	1.8	3,572	1,545	2.3

NOTE: 1. The Nursing Homes Branch has not been citing structural deficiencies in non-compliance because of the hearings being held by the Compliance Plan Review Board.

EXHIBIT 12

MINISTRY OF HEALTH
NURSING HOMES BRANCH

Volume of Violations
by Inspection Type
(For the Period ended January 31, 1986)

	All Regions			London			Ottawa			Toronto		
	Total Violations[1]	Number of Homes	Average Per Home	Total Violations[1]	Number of Homes	Average Per Home	Total Violations[1]	Number of Homes	Average Per Home	Total Violations[1]	Number of Homes	Average Per Home
ANNUAL INSPECTION[2]	5,738	331	17.3[2]	1,921	121	15.9[2]	1,303	84	15.5[2]	2,514	126	19.9[2]
FOLLOW-UP INSPECTIONS	2,718	331	8.2	1,281	121	10.6	741	84	8.8	696	126	5.5
COMPLAINT INVESTIGATIONS	446	331	1.3	166	121	1.4	95	84	1.1	185	126	1.5
OTHER INSPECTIONS	900	331	2.7	440	121	3.6	283	84	3.4	177	126	1.4
TOTAL	9,802	331	29.6	3,808	121	31.5	2,422	84	28.8	3,572	126	28.3

NOTE:
1. The Nursing Homes Branch has not been citing structural deficiencies in non-compliance because of the hearings being held by the Compliance Plan Review Board.
2. Each annual inspection is composed of a visit by an inspector from each of the four disciplines (ie. nursing, environmental, fire safety, and dietary). For this reason, the average violations on the annual inspection per nursing home can be calculated by multiplying the average number of violations per inspection by four (eg. All Regions - 17.3 x 4 = 69.2).

EXHIBIT 13

MINISTRY OF HEALTH
NURSING HOMES BRANCH

Volume of Violations
By Discipline
(For the Period ended January 31, 1986)

	All Regions			London			Ottawa			Toronto		
	Total Violations[1]	Number of Homes	Average Per Home	Total Violations[1]	Number of Homes	Average Per Home	Total Violations[1]	Number of Homes	Average Per Home	Total Violations[1]	Number of Homes	Average Per Home
NURSING	4,728	331	14.3	1,978	121	16.3	1,120	84	13.3	1,630	126	12.9
ENVIRONMENTAL	1,066	331	3.2	437	121	3.6	245	84	2.9	384	126	3.0
FIRE SAFETY	2,336	331	7.1	807	121	6.7	812	84	9.7	717	126	5.7
DIETARY	1,672	331	5.1	586	121	4.8	245	84	2.9	841	126	6.7
TOTAL	9,802	331	29.7	3,808	121	31.4	2,422	84	28.8	3,572	126	28.3

NOTE: 1. The Nursing Homes Branch has not been citing structural deficiencies in non-compliance because of the hearings being held by the Compliance Plan Review Board.

EXHIBIT 14

MINISTRY OF HEALTH
NURSING HOMES BRANCH

Volume of Violations
By Nursing Home Ownership Type
(For the Period ended January 31, 1986)

	All Regions			London			Ottawa			Toronto		
	Total Violations[1]	Number of Inspections	Average Per Inspection	Total Violations[1]	Number of Inspections	Average Per Inspection	Total Violations[1]	Number of Inspections	Average Per Inspection	Total Violations[1]	Number of Inspections	Average Per Inspection
NON-CORPORATE	1,033	476	2.2	521	228	2.3	123	62	2.0	389	186	2.1
CORPORATIONS	8,061	3,714	2.2	3,042	1,316	2.3	2,115	1,176	1.8	2,904	1,222	2.4
NOT-FOR-PROFIT	708	329	2.2	245	101	2.4	184	91	2.0	279	137	2.0
TOTALS	9,802	4,519	2.2	3,808	1,645	2.3	2,422	1,329	1.8	3,572	1,545	2.3

NOTE: 1. The Nursing Homes Branch has not been citing structural deficiencies in non-compliance because of the hearings being held by the Compliance Plan Review Board.

EXHIBIT 15

MINISTRY OF HEALTH
NURSING HOMES BRANCH

Volume of Violations
By Nursing Home Ownership Type
(For the Period ended January 31, 1986)

	All Regions			London			Ottawa			Toronto		
	Total Violations[1]	Number of Homes	Average Per Home	Total Violations[1]	Number of Homes	Average Per Home	Total Violations[1]	Number of Homes	Average Per Home	Total Violations[1]	Number of Homes	Average Per Home
NON-CORPORATE	1,033	38	27.1	521	17	30.6	123	4	30.8	389	17	22.9
CORPORATIONS	8,061	265	30.4	3,042	95	32.0	2,115	74	28.6	2,904	96	30.3
NOT-FOR-PROFIT	708	28	25.3	245	9	27.2	184	6	30.7	279	13	21.5
TOTALS	9,802	331	29.6	3,808	121	31.5	2,422	84	28.8	3,572	126	28.3

NOTE: 1. The Nursing Homes Branch has not been citing structural deficiencies in non-compliance because of the hearings being held by the Compliance Plan Review Board.

EXHIBIT 16

MINISTRY OF HEALTH
NURSING HOMES BRANCH

Volume of Violations
By Size of Nursing Home
(For the Period ended January 31, 1986)

	All Regions			London			Ottawa			Toronto		
	Total Violations[1]	Number of Inspections	Average Per Inspection	Total Violations[1]	Number of Inspections	Average Per Inspection	Total Violations[1]	Number of Inspections	Average Per Inspection	Total Violations[1]	Number of Inspections	Average Per Inspection
1 - 60 Beds	3,539	1,801	2.0	1,524	723	2.1	914	514	1.8	1,101	564	2.0
61 - 120 Beds	3,590	1,697	2.1	1,524	662	2.3	1,094	592	1.8	972	443	2.2
121 - 180 Beds	1,181	482	2.5	561	193	2.9	133	80	1.7	487	209	2.3
181 - 240 Beds	713	283	2.5	62	31	2.0	147	93	1.6	504	159	3.2
+240 Beds	779	256	3.0	137	36	3.8	134	50	2.7	508	170	3.0
TOTALS	9,802	4,519	2.2	3,808	1,645	2.3	2,422	1,329	1.8	3,572	1,545	2.3

NOTE: 1. The Nursing Homes Branch has not been citing structural deficiencies in non-compliance because of the hearings being held by the Compliance Plan Review Board.

EXHIBIT 17

MINISTRY OF HEALTH
NURSING HOMES BRANCH

Volume of Violations
By Size of Nursing Home
(For the Period ended January 31, 1986)

	All Regions			London			Ottawa			Toronto		
	Total Violations[1]	Number of Homes	Average Per Home	Total Violations[1]	Number of Homes	Average Per Home	Total Violations[1]	Number of Homes	Average Per Home	Total Violations[1]	Number of Homes	Average Per Home
1 - 60 Beds	3,539	147	24.1	1,524	60	25.4	914	35	26.1	1,101	52	21.2
61 - 120 Beds	3,590	119	30.2	1,524	45	33.9	1,094	37	29.6	972	37	26.2
121 - 180 Beds	1,181	34	34.7	561	12	46.8	133	5	26.7	487	17	28.7
181 - 240 Beds	713	17	42.0	62	2	31.0	147	5	29.4	504	10	50.4
+240 Beds	779	14	55.6	137	2	68.5	134	2	67	508	10	50.8
TOTALS	9,802	331	29.6	3,808	121	31.5	2,422	84	28.8	3,572	126	28.3

NOTE: 1. The Nursing Homes Branch has not been citing structural deficiencies in non-compliance because of the hearings being held by the Compliance Plan Review Board.

EXHIBIT 18

MINISTRY OF HEALTH
NURSING HOMES BRANCH

Volume of Violations
By Inspection Type and Term of Accreditation
(For the Period ended January 31, 1986)

	All Regions			London			Ottawa			Toronto		
	Total Violations[1]	Number of Homes	Average Per Home	Total Violations[1]	Number of Homes	Average Per Home	Total Violations[1]	Number of Homes	Average Per Home	Total Violations[1]	Number of Homes	Average Per Home
ANNUAL												
Not Accredited	1,761	111	15.9	526	36	14.6	418	31	13.5	817	44	18.6
Accredited - 1 Year	243	10	24.3	101	5	20.2	61	3	20.3	81	2	40.5
Accredited - 2 Years	2,166	108	20.1	763	40	19.1	451	24	18.8	952	44	21.6
Accredited - 3 Years	1,568	102	15.4	531	40	13.3	373	26	14.3	664	36	18.4
Total	5,738	331	17.3	1,921	121	15.9	1,303	84	15.5	2,514	126	20.0
FOLLOW-UP												
Not Accredited	993	111	8.9	457	36	12.7	278	31	9.0	258	44	5.9
Accredited - 1 Year	102	10	10.2	44	5	8.8	46	3	15.3	12	2	6.0
Accredited - 2 Years	961	108	8.9	461	40	11.5	239	24	1.0	261	44	5.9
Accredited - 3 Years	662	102	6.5	319	40	8.0	178	26	6.8	165	36	4.6
Total	2,718	331	8.2	1,281	121	10.6	741	84	8.8	696	126	5.5
COMPLAINT												
Not Accredited	206	111	1.9	65	36	1.8	20	31	0.6	121	44	2.8
Accredited - 1 Year	10	10	1.0	4	5	0.8	5	3	1.7	1	2	0.5
Accredited - 2 Years	128	108	1.2	45	40	1.1	41	24	1.7	42	44	1.0
Accredited - 3 Years	102	102	1.0	52	40	1.3	29	26	1.1	21	36	0.6
Total	446	331	1.3	166	121	1.4	95	84	1.1	185	126	1.5
OTHER												
Not Accredited	337	111	3.0	113	36	3.1	118	31	3.8	106	44	2.4
Accredited - 1 Year	33	10	3.3	7	5	1.4	20	3	6.7	6	2	3.0
Accredited - 2 Years	323	108	3.0	210	40	5.3	77	24	3.2	36	44	0.8
Accredited - 3 Years	207	102	2.0	110	40	2.8	68	26	2.6	29	36	0.8
Total	900	331	2.7	440	121	3.6	283	84	3.4	177	126	1.4
ALL INSPECTIONS												
Not Accredited	3,297	111	29.7	1,161	36	32.3	834	31	26.9	1,302	44	29.6
Accredited - 1 Year	388	10	38.8	156	5	31.2	132	3	44.0	100	2	50.0
Accredited - 2 Years	3,578	108	33.1	1,479	40	37.0	808	24	33.7	1,291	44	29.3
Accredited - 3 Years	2,539	102	24.9	1,012	40	25.3	648	26	24.9	879	36	24.4
Total	9,802	331	29.6	3,808	121	31.5	2,422	84	28.8	3,572	126	28.3

NOTE:
1. The Nursing Homes Branch has not been citing structural deficiencies in non-compliance because of the hearings being held by the Compliance Plan Review Board.

EXHIBIT 19

MINISTRY OF HEALTH
NURSING HOMES BRANCH

INSPECTOR WORKLOAD
(For the Period ended January 31, 1986)

	Number of Inspections[1]	Number of Inspectors	Average Per Inspector
NURSING			
London	460	6	77
Ottawa	402	6	67
Toronto	393	5	79
Total	1,255	17	74
ENVIRONMENTAL			
London	378	1[2]	378
Ottawa	209	1	209
Toronto	362	2	181
Total	949	4	237
FIRE SAFETY			
London	462	2	231
Ottawa	496	3	165
Toronto	416	2	208
Total	1,374	7	196
DIETARY			
London	345	1	345
Ottawa	222	1	222
Toronto	374	2	187
Total	941	4	235
ALL DISCIPLINES			
London	1,645	10	165
Ottawa	1,329	11	121
Toronto	1,545	11	140
Total	4,519	32	141

NOTE

1. "Inspection" denotes all types of inspections, including annual re-licencing, follow-up, complaints investigation, etc. The period covered by these inspections varies by inspection type. For annual inspections it is November 1, 1984 to January 31, 1986; for all other types of inspections it is January 1, 1986.

2. One additional environmental inspector added in September, 1985.

EXHIBIT 20

MINISTRY OF HEALTH

NURSING HOMES BRANCH

CALCULATION OF MINIMUM STAFFING REQUIREMENTS

	# of Days	
Annual inspection		
Nursing component	3.0	
Nutrition component	0.5	
Environmental component	0.5	
Administration	1.0	
	5.0	
Follow-up inspection		
Nursing	1.5	
Nutrition/environment	1.0	
Administration	0.5	
	3.0	
Ongoing contact, follow-up of minor complaints, etc. (2 hours/month)	4.0	
Estimated maximum number of days before Enforcement team called in (plus 50%)	6.0	
Maximum days home per year	18.0	days
Average days per home per year	15.0	days
Available working days per year	170.0	days
Homes per officer	11	homes/officer
Total number of homes	331	
Number of officers required	33	

EXHIBIT 21

MINISTRY OF HEALTH

NURSING HOMES BRANCH

CALCULATION OF STAFFING REQUIREMENTS

	Current Level	Required Future Level	Change
Director	1	1	-
Managers	1	2	+1
Regional Supervisors	3	4	+1
Program Advisors (now Coordinators)	6	5	-1
Compliance Officers (now Inspectors)	36	33	-3
Enforcement Inspectors	0	5	+5
Lawyer	1	1	-
Special Investigator	1	1	-
Support Staff	25	25	-
	74	77	+3

EXHIBIT 22

MINISTRY OF HEALTH

NURSING HOMES BRANCH

STAFF TENURE
(as of April 1986)

Location	Number of Staff			Average Length of Time in Position
	1 Year	1-2 Years	3+ Years	
Head Office	12	3	10	2.9
Toronto	4	7	7	4.5
Ottawa	0	7	7	6.0 yrs.
London	2	3	8	6.2 yrs.

APPENDIX B

QUESTIONNAIRE RESULTS

Questionnaire for Inspectors

Table 1 - Responses
Table 1A - Responses Grouped by Topic

Questionnaire for Branch Management and Support Staff

Table 2 - Responses
Table 2A - Responses Grouped by Topic

Questionnaire for Nursing Home Administrators

Table 3 - Responses
Table 3A - Responses Grouped by Topic

Questionnaire for Nursing Home Owners

Table 4 - Responses
Table 4A - Responses Grouped by Topic

Woods Gordon

REVIEW OF NURSING HOME INSPECTION SYSTEM

QUESTIONNAIRE FOR INSPECTORS

Dear Inspector:

Our firm has been commissioned by the Ontario Ministry of Health to undertake an independent review of nursing home inspection and compliance. For this review, we are seeking input from all interested parties through a combination of interviews, questionnaires, meetings, data analysis and document review.

The enclosed questionnaire has been designed to obtain the opinions and suggestions of nursing home inspectors. Other questionnaires have been developed for nursing home administrators, nursing home owners and management/clerical staff of the Nursing Homes Branch.

The responses to these questionnaires will be treated as confidential, and you are not being asked to sign your name. Only Woods Gordon will see the completed questionnaires. The Ministry will receive only aggregated tabulations of the results.

This questionnaire is intended to gather your perceptions of the effectiveness of the nursing home inspection system. Please answer each question by circling the number that most closely reflects your opinion. Feel free to add written comments beside individual questions or on the last page. Should you have any questions about this questionnaire, please contact: Wendy Banting, Woods Gordon, Toronto (416) 864-1212, ext. 2141.

As we have a very short timeframe for this study, please complete the questionnaire, seal it in the envelope provided and give it to the following clerk in your office by March 24, 1985:

London - Jan Leyden
Ottawa - Mary Levert
Toronto - Betty Reid
Head Office - Mary Osborne

We will have a private courier collect the sealed envelopes from your office on March 25, 1986.

If you should be away from the office during this period (on vacation, sick leave, etc.), please complete the questionnaire as soon as possible on your return and mail it to:

Ms. Wendy Banting
Woods Gordon
P.O. Box 251, Royal Trust Tower
Toronto-Dominion Centre
Toronto, Ontario
M5K 1J7

We will do our best to include these late responses in our tabulation of the results.

Thank you for your cooperation.

Yours truly,

Catherine Cornell
Principal

CC/SS
Encl.

Woods Gordon

REVIEW OF NURSING HOMES INSPECTION SYSTEM

QUESTIONNAIRE FOR INSPECTORS

Definition of Ratings

1 = Strongly Agree
2 = Agree
3 = Neither agree nor disagree
4 = Disagree
5 = Strongly Disagree
6 = Cannot Comment

PLEASE CIRCLE THE NUMBER THAT MOST CLOSELY REFLECTS YOUR OPINION

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree	Cannot Comment
Example:						
0. The Nursing Homes Branch is responsible for the inspection of nursing homes.	(1)	2	3	4	5	6
1. I feel that the work of the Nursing Home Branch is important.	1	2	3	4	5	6
2. The selection process for inspector positions is designed to select the most qualified candidates.	1	2	3	4	5	6
3. The criteria for selection of new inspectors are clearly defined.	1	2	3	4	5	6

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree	Cannot Comment
4. I feel there are sufficient inspectors in my discipline to adequately cover the homes in my region	1	2	3	4	5	6
5. The job description for my inspector position accurately reflects my current duties and responsibilities.	1	2	3	4	5	6
6. I am usually consulted prior to changes being made to the inspection process.	1	2	3	4	5	6
7. I know the standards of performance expected of me as an inspector.	1	2	3	4	5	6
8. The current regulations are out of date.	1	2	3	4	5	6
9. Two inspections per year (i.e. licence renewal and annual follow-up) provide satisfactory monitoring of a nursing home.	1	2	3	4	5	6
10. Prosecution of a home is a valid process to achieve compliance.	1	2	3	4	5	6
11. The existence of the co-ordinator/consultant position has enhanced the support and direction available to me to do my job.	1	2	3	4	5	6
12. My supervisor knows where I am on any given day.	1	2	3	4	5	6
13. No one ever discusses with me what things I should do and how.	1	2	3	4	5	6
14. I complete an inspection in the same way as my peers do.	1	2	3	4	5	6
15. The orientation process provides new inspectors with what they need to know to conduct an inspection.	1	2	3	4	5	6
16. I wait to be asked by my supervisor or management for suggestions to change policies or procedures.	1	2	3	4	5	6

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree	Cannot Comment
17. Continuing training is provided based on my level of skill and my developmental needs.	1	2	3	4	5	6
18. The public release of annual inspection reports has made my job easier.	1	2	3	4	5	6
19. I interact primarily with inspectors from my own discipline.	1	2	3	4	5	6
20. Regular training is provided to update inspectors on changes in procedures and regulations.	1	2	3	4	5	6
21. It is difficult for me to assess my own training and developmental needs for this job.	1	2	3	4	5	6
22. My supervisor and I meet regularly to discuss my workload.	1	2	3	4	5	6
23. My supervisor is able to assess my performance from the kinds of reports I submit.	1	2	3	4	5	6
24. The essential requirements of knowledge, skills and abilities for the inspector position are clearly defined.	1	2	3	4	5	6
25. The standards of performance for an inspector are clearly defined.	1	2	3	4	5	6
26. It would be difficult for me to obtain permission to attend a course I felt necessary for my growth and development.	1	2	3	4	5	6
27. There is too much paper work in this Branch/office.	1	2	3	4	5	6
28. I am compared with my peers in the terms of the number of violations I find.	1	2	3	4	5	6

		Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree	Cannot Comment
29.	If a consumer advocacy group believes that a specific nursing home is providing poor care, I am particularly thorough in completing my inspection of that home.	1	2	3	4	5	6
30.	The current level of compliance in homes warrant a relaxation of inspection procedures or frequency.	1	2	3	4	5	6
31.	I schedule my own work and usually don't discuss it with my supervisor.	1	2	3	4	5	6
32.	I know what the goals and objectives of the Branch are.	1	2	3	4	5	6
33.	My personal goals and objectives for the year are directly related to the Branch's goals and objectives.	1	2	3	4	5	6
34.	Part of my role is to advise my supervisor or branch management of needed changes in policy or procedures.	1	2	3	4	5	6
35.	My annual salary increment is a direct reflection of my performance during the previous year.	1	2	3	4	5	6
36.	Formal appraisals are rarely done for inspectors in this office.	1	2	3	4	5	6
37.	The purpose of the inspection system is to ensure compliance with the Nursing Homes Act.	1	2	3	4	5	6
38.	More inspectors are necessary in my discipline.	1	2	3	4	5	6
39.	The key objective of the inspection system is to maintain a high standard of care and safety within nursing homes.	1	2	3	4	5	6

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree	Cannot Comment
40. An accredited home has fewer violations than one that is not accredited.	1	2	3	4	5	6
41. I have a difficult time finding information when I need it because there is so much data to sort through.	1	2	3	4	5	6
42. The amount of paper generated could be streamlined significantly.	1	2	3	4	5	6
43. The tight time frames for completion of activities and reports creates much of the stress of my job.	1	2	3	4	5	6
44. Lately, I have felt that the key objective of the inspection system has been to respond to pressure from outside the Branch.	1	2	3	4	5	6
45. A major objective of the Nursing Homes Branch is to educate the owners, administrators, directors and supervisors of nursing homes.	1	2	3	4	5	6
46. Part of my role is to act as a consultant to nursing home administrators and staff to help them improve operations.	1	2	3	4	5	6
47. I often feel that my role as an inspector is similar that of a policeman.	1	2	3	4	5	6
48. Other than annual relicensing inspections, (which may be predicted), the majority of inspection visits are genuinely "surprise visits" for the administrator.	1	2	3	4	5	6
49. Nursing homes that have 3-year accreditation provide better care for their residents.	1	2	3	4	5	6
50. The purpose of my role as an inspector is to find and cite violations of the Nursing Homes Act and Regulations.	1	2	3	4	5	6

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree	Cannot Comment
51. In addition, it is my responsibility to ensure that violations are corrected within an appropriate timeframe.	1	2	3	4	5	6
52. Whenever possible, I try to educate the owners/ administrators of nursing homes about the Act and regulations.	1	2	3	4	5	6
53. My role in the inspection system is to ensure a high standard of care and safety for residents of nursing homes.	1	2	3	4	5	6
54. I work as part of a multi-disciplinary team that is designed to effectively assess all aspects of a nursing home's operations.	1	2	3	4	5	6
55. My regional interdisciplinary group of inspectors has a strong sense of team. (ref. new question)	1	2	3	4	5	6
56. I usually work alone and rarely see my peers.	1	2	3	4	5	6
57. I feel that my job is extremely important to the protection of nursing home residents.	1	2	3	4	5	6
58. When I have a question or a problem, I can always find support from my peers.	1	2	3	4	5	6
59. When I need advice on job-related matters, I can always count on my supervisor or the co-ordinator.	1	2	3	4	5	6
60. It is a problem that discipline co-ordinators/consultants are not located at the regional offices.	1	2	3	4	5	6
61. My job is extremely exciting and I find it rewarding.	1	2	3	4	5	6
62. I sometimes have difficulty planning my inspection schedule due to directions from head office to visit other sites, resulting from complaints.	1	2	3	4	5	6

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree	Cannot Comment
63. I often have to deal with difficult interpersonal situations with nursing home personnel.	1	2	3	4	5	6
64. I wish I could get more training to help me handle confrontational situations with nursing home personnel.	1	2	3	4	5	6
65. The computer system does not provide the kinds of data and reports I need.	1	2	3	4	5	6
66. Compliance with nursing home regulations has improved over the last few years.	1	2	3	4	5	6
67 Many nursing home operators and administrators have to be threatened with prosecution to obtain compliance.	1	2	3	4	5	6
68. Inspectors often are subject to subtle or direct pressure from nursing home personnel to not record violations.	1	2	3	4	5	6
69 I can tell a good administrator, director of nursing or food supervisor from a poor one.	1	2	3	4	5	6
70. Part of my role involves being a liaison between nursing homes and the Nursing Homes Branch.	1	2	3	4	5	6
71. This job frequently makes me feel very isolated.	1	2	3	4	5	6
72. The salaries and compensation of the various inspector positions are appropriate reflections of the different skill requirements and workloads.	1	2	3	4	5	6
73. My superiors don't understand the level of stress associated with this job.	1	2	3	4	5	6

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree	Cannot Comment
74. Most nursing home operators and administrators are doing the best they can within the resources available.	1	2	3	4	5	6
75. The consumer advocacy groups are able to identify nursing homes that are not providing good care.	1	2	3	4	5	6
76. The salaries of the 4 types of inspectors are comparable.	1	2	3	4	5	6
77. There are times when I feel that what I do isn't important and nobody cares.	1	2	3	4	5	6
78. Nursing home inspectors' salaries are comparable to similar positions within the civil service.	1	2	3	4	5	6
79. I feel my job is more complex than that of other inspectors, yet I get paid less.	1	2	3	4	5	6
80. Most of my sick time has been related to the stress of my job.	1	2	3	4	5	6
81. There is opportunity for advancement for me within the Branch.	1	2	3	4	5	6
82. Over the last few years, the job of inspector has become much more difficult.	1	2	3	4	5	6
83. If I do a good job, my performance will be reflected in my salary.	1	2	3	4	5	6
84. When I need support or guidance, there is no-one to help me.	1	2	3	4	5	6

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree	Cannot Comment
85. The current inspection system is effective in identifying nursing homes where residents are at risk.	1	2	3	4	5	6
86. I have access to senior branch management.	1	2	3	4	5	6
87. The Nursing Homes Branch has adequate clerical support.	1	2	3	4	5	6
88. The computer system does not provide me with the information I need in a timely fashion.	1	2	3	4	5	6

PLEASE COMPLETE THE FOLLOWING QUESTIONS TO ASSIST US IN ANALYSIS OF THE AGGREGATE RESPONSES:

89. Regional office: (check)
_____ London
_____ Ottawa
_____ Toronto

90. Discipline: (check)
_____ nursing
_____ environmental
_____ dietary
_____ fire

91. Length of time in this position: (check)
_____ less than 1 year
_____ 1 - 3 years
_____ 3 - 5 years
_____ more than 5 years

PLEASE NOTE THAT THESE QUESTIONNAIRES WILL REMAIN THE PROPERTY OF WOODS GORDON. ONLY AGGREGATED DATA WILL BE PROVIDED TO THE MINISTRY.

THE REMAINING THREE QUESTIONS ARE INTENDED TO OBTAIN YOUR OPINIONS AND SUGGESTIONS ABOUT THE INSPECTION SYSTEM

92. What are the current major problems with the inspection system?

93. Are changes needed to the inspection system? What changes are these?

94. What additional comments do you have? (Use the back of this page if you need extra room.)

THANK YOU FOR YOUR COOPERATION!

Table 1

QUESTIONNAIRE FOR INSPECTORS

Responses as of April 4, 1986

	Raw Tabulation							% of 1-5 Responses					% of Total Responses		Mean of 1-5 Responses
QUEST	#01	#02	#03	#04	#05	#06	#07	PCT1	PCT2	PCT3	PCT4	PCT5	PCT6	PCT7	AVG
1	26	6	0	0	0	0	0	81.25	18.75	0.00	0.00	0.00	0.00	0.00	1.19
2	3	13	4	3	1	8	0	12.50	54.17	16.67	12.50	4.17	25.00	0.00	2.42
3	2	5	2	6	2	14	1	11.76	29.41	11.76	35.29	11.76	43.75	3.13	3.06
4	2	18	0	6	6	0	0	6.25	56.25	0.00	18.75	18.75	0.00	0.00	2.88
5	1	15	3	3	7	3	0	3.45	51.72	10.34	10.34	24.14	9.38	0.00	3.00
6	0	10	3	15	3	1	0	0.00	32.26	9.68	48.39	9.68	3.13	0.00	3.35
7	5	14	4	5	3	0	1	16.13	45.16	12.90	16.13	9.68	0.00	3.13	2.58
8	19	8	1	0	3	1	0	61.29	25.81	3.23	0.00	9.68	3.13	0.00	1.71
9	0	2	4	15	10	1	0	0.00	6.45	12.90	48.39	32.26	3.13	0.00	4.06
10	0	14	4	10	4	0	0	0.00	43.75	12.50	31.25	12.50	0.00	0.00	3.13
11	0	13	4	8	4	3	0	0.00	44.83	13.79	27.59	13.79	9.38	0.00	3.10
12	17	13	0	1	0	1	0	54.84	41.94	0.00	3.23	0.00	3.13	0.00	1.52
13	2	3	4	20	3	0	0	6.25	9.38	12.50	62.50	9.38	0.00	0.00	3.59
14	0	7	12	3	0	10	0	0.00	31.82	54.55	13.64	0.00	31.25	0.00	2.82
15	0	19	2	5	2	4	0	0.00	67.86	7.14	17.86	7.14	12.50	0.00	2.64
16	0	5	4	19	3	1	0	0.00	16.13	12.90	61.29	9.68	3.13	0.00	3.65
17	0	4	7	10	9	2	0	0.00	13.33	23.33	33.33	30.00	6.25	0.00	3.80
18	0	4	11	5	5	7	0	0.00	16.00	44.00	20.00	20.00	21.88	0.00	3.44
19	0	9	3	18	2	0	0	0.00	28.13	9.38	56.25	6.25	0.00	0.00	3.41
20	0	2	9	16	4	1	0	0.00	6.45	29.03	51.61	12.90	3.13	0.00	3.71
21	0	6	4	19	3	0	0	0.00	18.75	12.50	59.38	9.38	0.00	0.00	3.59
22	0	8	6	13	5	0	0	0.00	25.00	18.75	40.63	15.63	0.00	0.00	3.47
23	0	13	9	4	2	4	0	0.00	46.43	32.14	14.29	7.14	12.50	0.00	2.82
24	0	12	10	6	2	2	0	0.00	40.00	33.33	20.00	6.67	6.25	0.00	2.93
25	0	3	8	14	3	3	1	0.00	10.71	28.57	50.00	10.71	9.38	3.13	3.61
26	3	7	5	12	2	2	1	10.34	24.14	17.24	41.38	6.90	6.25	3.13	3.10
27	21	7	3	1	0	0	0	65.63	21.88	9.38	3.13	0.00	0.00	0.00	1.50
28	0	1	3	13	7	8	0	0.00	4.17	12.50	54.17	29.17	25.00	0.00	4.08
29	1	8	10	8	3	2	0	3.33	26.67	33.33	26.67	10.00	6.25	0.00	3.13
30	0	1	3	18	10	0	0	0.00	3.13	9.38	56.25	31.25	0.00	0.00	4.16
31	1	11	2	16	2	0	0	3.13	34.38	6.25	50.00	6.25	0.00	0.00	3.22
32	0	13	4	10	3	2	0	0.00	43.33	13.33	33.33	10.00	6.25	0.00	3.10
33	0	10	9	7	2	4	0	0.00	35.71	32.14	25.00	7.14	12.50	0.00	3.04
34	0	18	8	4	1	1	0	0.00	58.06	25.81	12.90	3.23	3.13	0.00	2.61
35	0	2	4	8	16	2	0	0.00	6.67	13.33	26.67	53.33	6.25	0.00	4.27
36	4	15	3	5	1	4	0	14.29	53.57	10.71	17.86	3.57	12.50	0.00	2.43
37	7	22	3	0	0	0	0	21.88	68.75	9.38	0.00	0.00	0.00	0.00	1.88
38	7	8	5	10	2	0	0	21.88	25.00	15.63	31.25	6.25	0.00	0.00	2.75
39	9	20	1	1	0	1	0	29.03	64.52	3.23	3.23	0.00	3.13	0.00	1.81
40	0	2	6	18	5	1	0	0.00	6.45	19.35	58.06	16.13	3.13	0.00	3.84
41	5	14	6	7	0	0	0	15.63	43.75	18.75	21.88	0.00	0.00	0.00	2.47
42	15	13	4	0	0	0	0	46.88	40.63	12.50	0.00	0.00	0.00	0.00	1.66
43	7	14	3	7	1	0	0	21.88	43.75	9.38	21.88	3.13	0.00	0.00	2.41
44	5	11	11	5	0	0	0	15.63	34.38	34.38	15.63	0.00	0.00	0.00	2.50
45	1	8	5	15	1	2	0	3.33	26.67	16.67	50.00	3.33	6.25	0.00	3.23
46	2	19	2	6	2	1	0	6.45	61.29	6.45	19.35	6.45	3.13	0.00	2.58
47	1	12	8	11	0	0	0	3.13	37.50	25.00	34.38	0.00	0.00	0.00	2.91
48	13	17	1	1	0	0	0	40.63	53.13	3.13	3.13	0.00	0.00	0.00	1.69
49	0	3	11	12	3	3	0	0.00	10.34	37.93	41.38	10.34	9.38	0.00	3.52
50	0	14	8	9	1	0	0	0.00	43.75	25.00	28.13	3.13	0.00	0.00	2.91

Table 1 (cont'd)

51	0	27	2	3	0	0	0	0.00	84.38	6.25	9.38	0.00	0.00	0.00	2.25
52	9	23	0	0	0	0	0	28.13	71.88	0.00	0.00	0.00	0.00	0.00	1.72
53	11	15	4	2	0	0	0	34.38	46.88	12.50	6.25	0.00	0.00	0.00	1.91
54	6	19	1	4	1	1	0	19.35	61.29	3.23	12.90	3.23	3.13	0.00	2.19
55	2	10	7	11	1	1	0	6.45	32.26	22.58	35.48	3.23	3.13	0.00	2.97
56	3	20	3	6	0	0	0	9.38	62.50	9.38	18.75	0.00	0.00	0.00	2.38
57	9	21	2	0	0	0	0	28.13	65.63	6.25	0.00	0.00	0.00	0.00	1.78
58	3	19	5	3	0	2	0	10.00	63.33	16.67	10.00	0.00	6.25	0.00	2.27
59	3	21	2	5	1	0	0	9.38	65.63	6.25	15.63	3.13	0.00	0.00	2.38
60	1	1	11	12	4	3	0	3.45	3.45	37.93	41.38	13.79	9.38	0.00	3.59
61	1	12	8	9	1	1	0	3.23	38.71	25.81	29.03	3.23	3.13	0.00	2.90
62	5	19	2	6	0	0	0	15.63	59.38	6.25	18.75	0.00	0.00	0.00	2.28
63	2	12	4	13	0	1	0	6.45	38.71	12.90	41.94	0.00	3.13	0.00	2.90
64	2	13	6	11	0	0	0	6.25	40.63	18.75	34.38	0.00	0.00	0.00	2.81
65	12	10	4	4	0	2	0	40.00	33.33	13.33	13.33	0.00	6.25	0.00	2.00
66	6	15	4	2	0	5	0	22.22	55.56	14.81	7.41	0.00	15.63	0.00	2.07
67	2	5	5	19	1	0	0	6.25	15.63	15.63	59.38	3.13	0.00	0.00	3.38
68	1	12	3	11	3	2	0	3.33	40.00	10.00	36.67	10.00	6.25	0.00	3.10
69	2	22	5	1	0	2	0	6.67	73.33	16.67	3.33	0.00	6.25	0.00	2.17
70	4	20	5	3	0	0	0	12.50	62.50	15.63	9.38	0.00	0.00	0.00	2.22
71	8	7	7	10	0	0	0	25.00	21.88	21.88	31.25	0.00	0.00	0.00	2.59
72	3	2	3	6	17	1	0	9.68	6.45	9.68	19.35	54.84	3.13	0.00	4.03
73	4	9	6	11	0	2	0	13.33	30.00	20.00	36.67	0.00	6.25	0.00	2.80
74	0	19	7	5	1	0	0	0.00	59.38	21.88	15.63	3.13	0.00	0.00	2.63
75	0	7	10	10	1	4	0	0.00	25.00	35.71	35.71	3.57	12.50	0.00	3.18
76	0	2	1	9	18	2	0	0.00	6.67	3.33	30.00	60.00	6.25	0.00	4.43
77	2	6	9	13	2	0	0	6.25	18.75	28.13	40.63	6.25	0.00	0.00	3.22
78	0	3	3	8	9	9	0	0.00	13.04	13.04	34.78	39.13	28.13	0.00	4.00
79	6	10	3	9	2	1	1	20.00	33.33	10.00	30.00	6.67	3.13	3.13	2.70
80	3	4	3	15	4	2	1	10.34	13.79	10.34	51.72	13.79	6.25	3.13	3.45
81	0	0	7	17	7	1	0	0.00	0.00	22.58	54.84	22.58	3.13	0.00	4.00
82	10	11	4	0	0	7	0	40.00	44.00	16.00	0.00	0.00	21.88	0.00	1.76
83	0	1	4	12	15	0	0	0.00	3.13	12.50	37.50	46.88	0.00	0.00	4.28
84	0	4	2	21	3	2	0	0.00	13.33	6.67	70.00	10.00	6.25	0.80	3.77
85	0	23	5	4	0	0	0	0.00	71.88	15.63	12.50	0.00	0.00	0.00	2.41
86	2	19	2	8	1	0	0	6.25	59.38	6.25	25.00	3.13	0.00	0.00	2.59
87	0	9	5	13	3	2	0	0.00	30.00	16.67	43.33	10.00	6.25	0.00	3.33
88	13	11	1	4	1	2	0	43.33	36.67	3.33	13.33	3.33	6.25	0.00	1.97
89	11	11	10	0	0	0	0	34.38	34.38	31.25	0.00	0.00	0.00	0.00	1.97
90	16	5	4	7	0	0	0	50.00	15.63	12.50	21.88	0.00	0.00	0.00	2.06
91	2	17	3	8	1	0	0	6.45	54.84	9.68	25.81	3.23	0.00	0.00	2.65

Table 1A

QUESTIONNAIRES FOR INSPECTORS

Responses Grouped by Topic

	Raw Tabulation							% of 1-5 Responses					% of Total Responses		Mean of 1-5 Responses
QUEST	#01	#02	#03	#04	#05	#06	#07	PCT1	PCT2	PCT3	PCT4	PCT5	PCT6	PCT7	-AVG-
SELECTION															
2	3	13	4	3	1	8	0	12.50	54.17	16.67	12.50	4.17	25.00	0.00	2.42
3	2	5	2	6	2	14	1	11.76	29.41	11.76	35.29	11.76	43.75	3.13	3.06
24	0	12	10	6	2	2	0	0.00	40.00	33.33	20.00	6.67	6.25	0.00	2.93
****	5	30	16	15	5	24	1	7.04	42.25	22.54	21.13	7.04	25.00	1.04	2.79
JOB DESCRIPTION															
5	1	15	3	3	7	3	0	3.45	51.72	10.34	10.34	24.14	9.38	0.00	3.00
78	0	3	3	8	9	9	0	0.00	13.04	13.04	34.78	39.13	28.13	0.00	4.00
79	6	10	3	9	2	1	1	20.00	33.33	10.00	30.00	6.67	3.13	3.13	2.70
82	10	11	4	0	0	7	0	40.00	44.00	16.00	0.00	0.00	21.88	0.00	1.76
****	17	39	13	20	18	20	1	15.89	36.45	12.15	18.69	16.82	15.63	0.78	2.84
PERFORMANCE APPR.															
23	0	13	9	4	2	4	0	0.00	46.43	32.14	14.29	7.14	12.50	0.00	2.82
25	0	3	8	14	3	3	1	0.00	10.71	28.57	50.00	10.71	9.38	3.13	3.61
36	4	15	3	5	1	4	0	14.29	53.57	10.71	17.86	3.57	12.50	0.00	2.43
****	4	31	20	23	6	11	1	4.76	36.90	23.81	27.38	7.14	11.46	1.04	2.95
SALARIES/PROM.															
35	0	2	4	8	16	2	0	0.00	6.67	13.33	26.67	53.33	6.25	0.00	4.27
72	3	2	3	4	17	1	0	9.68	6.45	9.68	19.35	54.84	3.13	0.00	4.03
76	0	2	1	9	18	2	0	0.00	6.67	3.33	30.00	60.00	6.25	0.00	4.43
78	0	3	3	8	9	9	0	0.00	13.04	13.04	34.78	39.13	28.13	0.00	4.00
79	6	10	3	9	2	1	1	20.00	33.33	10.00	30.00	6.67	3.13	3.13	2.70
81	0	0	7	17	7	1	0	0.00	0.00	22.58	54.84	22.58	3.13	0.00	4.00
83	0	1	4	12	15	0	0	0.00	3.13	12.50	37.50	46.88	0.00	0.00	4.28
****	9	20	25	69	84	16	1	4.35	9.66	12.08	33.33	40.58	7.14	0.45	3.96
STRESS/ISOLATION															
13	2	3	4	20	3	0	0	6.25	9.38	12.50	62.50	9.38	0.00	0.00	3.59
18	0	4	11	5	5	7	0	0.00	16.00	44.00	20.00	20.00	21.88	0.00	3.44
31	1	11	2	16	2	0	0	3.13	34.38	6.25	50.00	6.25	0.00	0.00	3.22
43	7	14	3	7	1	0	0	21.88	43.75	9.38	21.88	3.13	0.00	0.00	2.41
56	3	20	3	6	0	0	0	9.38	62.50	9.38	18.75	0.00	0.00	0.00	2.38
58	3	19	5	3	0	2	0	10.00	63.33	16.67	10.00	0.00	6.25	0.00	2.27
60	1	1	11	12	4	3	0	3.45	3.45	37.93	41.38	13.79	9.38	0.00	3.59
68	1	12	3	11	3	2	0	3.33	40.00	10.00	36.67	10.00	6.25	0.00	3.10
71	8	7	7	10	0	0	0	25.00	21.88	21.88	31.25	0.00	0.00	0.00	2.59
73	4	9	6	11	0	2	0	13.33	30.00	20.00	36.67	0.00	6.25	0.00	2.80
77	2	6	9	13	2	0	0	6.25	18.75	28.13	40.63	6.25	0.00	0.00	3.22
80	3	4	3	15	4	2	1	10.34	13.79	10.34	51.72	13.79	6.25	3.13	3.45
82	10	11	4	0	0	7	0	40.00	44.00	16.00	0.00	0.00	21.88	0.00	1.76
****	45	121	71	129	24	25	1	11.54	31.03	18.21	33.08	6.15	6.01	0.24	2.91
JOB SATISFACTION															
57	9	21	2	0	0	0	0	28.13	65.63	6.25	0.00	0.00	0.00	0.00	1.78
61	1	12	8	9	1	1	0	3.23	38.71	25.81	29.03	3.23	3.13	0.00	2.90
****	10	33	10	9	1	1	0	15.87	52.38	15.87	14.29	1.59	1.56	0.00	2.33
SENSE OF TEAM															
19	0	9	3	18	2	0	0	0.00	28.13	9.38	56.25	6.25	0.00	0.00	3.41
55	2	10	7	11	1	1	0	6.45	32.26	22.58	35.48	3.23	3.13	0.00	2.97
56	3	20	3	6	0	0	0	9.38	62.50	9.38	18.75	0.00	0.00	0.00	2.38

Table 1A (cont'd)

60	1	1	11	12	4	3	0	3.45	3.45	37.93	41.38	13.79	9.38	0.00	3.59
****	6	40	24	47	7	4	0	4.84	32.26	19.35	37.90	5.65	3.13	0.00	3.07
TRAINING + DEVELOPME															
15	0	19	2	5	2	4	0	0.00	67.86	7.14	17.86	7.14	12.50	0.00	2.64
17	0	4	7	10	9	2	0	0.00	13.33	23.33	33.33	30.00	6.25	0.00	3.80
20	0	2	9	16	4	1	0	0.00	6.45	29.03	51.61	12.90	3.13	0.00	3.71
21	0	6	4	19	3	0	0	0.00	18.75	12.50	59.38	9.38	0.00	0.00	3.59
26	3	7	5	12	2	2	1	10.34	24.14	17.24	41.38	6.90	6.25	3.13	3.10
****	3	38	27	62	20	9	1	2.00	25.33	18.00	41.33	13.33	5.63	0.63	3.39
COMMUNICATION															
6	0	10	3	15	3	1	0	0.00	32.26	9.68	48.39	9.68	3.13	0.00	3.35
16	0	5	4	19	3	1	0	0.00	16.13	12.90	61.29	9.68	3.13	0.00	3.65
****	0	15	7	34	6	2	0	0.00	24.19	11.29	54.84	9.68	3.13	0.00	3.50
ROLE															
1	26	6	0	0	0	0	0	81.25	18.75	0.00	0.00	0.00	0.00	0.00	1.19
28	0	1	3	13	7	8	0	0.00	4.17	12.50	54.17	29.17	25.00	0.00	4.08
29	1	8	10	8	3	2	0	3.33	26.67	33.33	26.67	10.00	6.25	0.00	3.13
34	0	18	8	4	1	1	0	0.00	58.06	25.81	12.90	3.23	3.13	0.00	2.61
37	7	22	3	0	0	0	0	21.88	68.75	9.38	0.00	0.00	0.00	0.00	1.88
39	9	20	1	1	0	1	0	29.03	64.52	3.23	3.23	0.00	3.13	0.00	1.81
44	5	11	11	5	0	0	0	15.63	34.38	34.38	15.63	0.00	0.00	0.00	2.50
46	2	19	2	6	2	1	0	6.45	61.29	6.45	19.35	6.45	3.13	0.00	2.58
47	1	12	8	11	0	0	0	3.13	37.50	25.00	34.38	0.00	0.00	0.00	2.91
50	0	14	8	9	1	0	0	0.00	43.75	25.00	28.13	3.13	0.00	0.00	2.91
51	0	27	2	3	0	0	0	0.00	84.38	6.25	9.38	0.00	0.00	0.00	2.25
52	9	23	0	0	0	0	0	28.13	71.88	0.00	0.00	0.00	0.00	0.00	1.72
53	11	15	4	2	0	0	0	34.38	46.88	12.50	6.25	0.00	0.00	0.00	1.91
57	9	21	2	0	0	0	0	28.13	65.63	6.25	0.00	0.00	0.00	0.00	1.78
67	2	5	5	19	1	0	0	6.25	15.63	15.63	59.38	3.13	0.00	0.00	3.38
68	1	12	3	11	3	2	0	3.33	40.00	10.00	36.67	10.00	6.25	0.00	3.10
70	4	20	5	3	0	0	0	12.50	62.50	15.63	9.38	0.00	0.00	0.00	2.22
****	87	254	75	95	18	15	0	16.45	48.02	14.18	17.96	3.40	2.76	0.00	2.44
TOOLS/OBJ BRANCH															
10	0	14	4	10	4	0	0	0.00	43.75	12.50	31.25	12.50	0.00	0.00	3.13
28	0	1	3	13	7	8	0	0.00	4.17	12.50	54.17	29.17	25.00	0.00	4.08
32	0	13	4	10	3	2	0	0.00	43.33	13.33	33.33	10.00	6.25	0.00	3.10
37	7	22	3	0	0	0	0	21.88	68.75	9.38	0.00	0.00	0.00	0.00	1.88
39	9	20	1	1	0	1	0	29.03	64.52	3.23	3.23	0.00	3.13	0.00	1.81
****	16	70	15	34	14	11	0	10.74	46.98	10.07	22.82	9.40	6.88	0.00	2.73
TOOLS/OBJ INDIVID.															
33	0	10	9	7	2	4	0	0.00	35.71	32.14	25.00	7.14	12.50	0.00	3.04
****	0	10	9	7	2	4	0	0.00	35.71	32.14	25.00	7.14	12.50	0.00	3.04
STANDARD															
7	5	14	4	5	3	0	1	16.13	45.16	12.90	16.13	9.68	0.00	3.13	2.58
14	0	7	12	3	0	10	0	0.00	31.82	54.55	13.64	0.00	31.25	0.00	2.82
53	11	15	4	2	0	0	0	34.38	46.88	12.50	6.25	0.00	0.00	0.00	1.91
51	0	27	2	3	0	0	0	0.00	84.38	6.25	9.38	0.00	0.00	0.00	2.25
69	2	22	5	1	0	2	0	6.67	73.33	16.67	3.33	0.00	6.25	0.00	2.17
74	0	19	7	5	1	0	0	0.00	59.38	21.88	15.63	3.13	0.00	0.00	2.63
75	0	7	10	10	1	4	0	0.00	25.00	35.71	35.71	3.57	12.50	0.00	3.18
85	0	23	5	4	0	0	0	0.00	71.88	15.63	12.50	0.00	0.00	0.00	2.41
****	18	134	49	33	5	16	1	7.53	56.07	20.50	13.81	2.09	6.25	0.39	2.47

Table 1A (cont'd)

RULES/REGULATION															
8	19	8	1	0	3	1	0	61.29	25.81	3.23	0.00	9.68	3.13	0.00	1.71
9	0	2	4	15	10	1	0	0.00	6.45	12.90	48.39	32.26	3.13	0.00	4.06
30	0	1	3	18	10	0	0	0.00	3.13	9.38	56.25	31.25	0.00	0.00	4.16
****	19	11	8	33	23	2	0	20.21	11.70	8.51	35.11	24.47	2.08	0.00	3.32
ACCREDITATION															
40	0	2	6	18	5	1	0	0.00	6.45	19.35	58.06	16.13	3.13	0.00	3.84
49	0	3	11	12	3	3	0	0.00	10.34	37.93	41.38	10.34	9.38	0.00	3.52
****	0	5	17	30	8	4	0	0.00	8.33	28.33	50.00	13.33	6.25	0.00	3.68
CONFLICT															
63	2	12	4	13	0	1	0	6.45	38.71	12.90	41.94	0.00	3.13	0.00	2.90
64	2	13	6	11	0	0	0	6.25	40.63	18.75	34.38	0.00	0.00	0.00	2.81
68	1	12	3	11	1	2	0	3.33	40.00	10.00	36.67	10.00	6.25	0.00	3.10
****	5	37	13	35	1	3	0	5.38	39.78	13.98	37.63	3.23	3.13	0.00	2.94
SUPERVISION															
11	0	13	4	8	4	3	0	0.00	44.83	13.79	27.59	13.79	9.38	0.00	3.10
12	17	13	0	1	0	1	0	54.84	41.94	0.00	3.23	0.00	3.13	0.00	1.52
13	2	3	4	20	3	0	0	6.25	9.38	12.50	62.50	9.38	0.00	0.00	3.59
22	0	8	6	13	5	0	0	0.00	25.00	18.75	40.63	15.63	0.00	0.00	3.47
58	3	19	5	3	0	2	0	10.00	63.33	16.67	10.00	0.00	6.25	0.00	2.27
59	3	21	2	5	1	0	0	9.38	65.63	6.25	15.63	3.13	0.00	0.00	2.38
60	1	1	11	12	4	3	0	3.45	3.45	37.93	41.38	13.79	9.38	0.00	3.59
84	0	4	2	21	3	2	0	0.00	13.33	6.67	70.00	10.00	6.25	0.00	3.77
****	26	82	34	83	20	11	0	10.61	33.47	13.88	33.88	8.16	4.30	0.00	2.96
INFORMATION															
41	5	16	6	7	0	0	0	15.63	43.75	18.75	21.88	0.00	0.00	0.00	2.47
65	12	10	4	4	0	2	0	40.00	33.33	13.33	13.33	0.00	6.25	0.00	2.00
88	13	11	1	4	1	2	0	43.33	36.67	3.33	13.33	3.33	6.25	0.00	1.97
87	0	9	5	13	3	2	0	0.00	30.00	16.67	43.33	10.00	6.25	3.00	3.33
86	2	19	2	8	1	0	0	6.25	59.38	6.25	25.00	3.13	0.00	0.00	2.59
****	32	63	18	36	5	6	0	20.78	40.91	11.69	23.38	3.25	3.75	0.00	2.47
PAPERFLOW															
27	21	7	3	1	0	0	0	65.63	21.88	9.38	3.13	0.00	0.00	0.00	1.50
41	5	14	6	7	0	0	0	15.63	43.75	18.75	21.88	0.00	0.00	0.00	2.47
42	15	13	4	0	0	0	0	46.88	40.63	12.50	0.00	0.00	0.00	0.00	1.66
****	41	34	13	8	0	0	0	42.71	35.42	13.54	8.33	0.00	0.00	0.00	1.88
SCHEDULING															
31	1	11	2	16	2	0	0	3.13	34.38	6.25	50.00	6.25	0.00	0.00	3.22
48	13	17	1	1	0	0	0	40.63	53.13	3.13	3.13	0.00	0.00	0.00	1.69
62	5	19	2	6	0	0	0	15.63	59.38	6.25	18.75	0.00	0.00	0.00	2.28
****	19	47	5	23	2	0	0	19.79	48.96	5.21	23.96	2.08	0.00	0.00	2.40
WORKLOAD/MIX															
4	2	18	0	6	6	0	0	6.25	56.25	0.00	18.75	18.75	0.00	0.00	2.88
38	7	8	5	10	2	0	0	21.88	25.00	15.63	31.25	6.25	0.00	0.00	2.75
****	9	26	5	16	8	0	0	14.06	40.63	7.81	25.00	12.50	0.00	0.00	2.81
IMPROVEMENTS															
67	2	5	5	19	1	0	0	6.25	15.63	15.63	59.38	3.13	0.00	0.00	3.38
****	2	5	5	19	1	0	0	6.25	15.63	15.63	59.38	3.13	0.00	0.00	3.38

Woods Gordon

REVIEW OF NURSING HOME INSPECTION SYSTEM

QUESTIONNAIRE FOR MANAGEMENT/CLERICAL STAFF

Dear Sir/Madam:

Our firm has been commissioned by the Ontario Ministry of Health to undertake an independent review of nursing home inspection and compliance. For this review, we are seeking input from all interested parties through a combination of interviews, questionnaires, meetings, data analysis and document review.

The enclosed questionnaire has been designed to obtain the opinions and suggestions of management/clerical staff in the Nursing Homes Branch. Other questionnaires have been developed for nursing home administrators, nursing home owners and nursing home inspectors.

The responses to these questionnaires will be treated as confidential, and you are not being asked to sign your name. Only Woods Gordon will see the completed questionnaires. The Ministry will receive only aggregated tabulations of the results.

This questionnaire is intended to gather your perceptions of the effectiveness of the nursing home inspection system. Please answer each question by circling the number that most closely reflects your opinion. Feel free to add written comments beside individual questions or on the last page. Should you have any questions about this questionnaire, please contact: Wendy Banting, Woods Gordon, Toronto (416) 864-1212, ext. 2141.

As we have a very short timeframe for this study, please complete the questionnaire, seal it in the envelope provided and give it to the following clerk in your office by March 24, 1985:

London - Jan Leyden
Ottawa - Mary Levert
Toronto - Betty Reid
Head Office - Mary Osborne

We will have a private courier collect the sealed envelopes from your office on March 25, 1986.

If you should be away from the office during this period (on vacation, sick leave, etc.), please complete the questionnaire as soon as possible on your return and mail it to:

Ms. Wendy Banting
Woods Gordon
P.O. Box 251, Royal Trust Tower
Toronto-Dominion Centre
Toronto, Ontario
M5K 1J7

We will do our best to include these late responses in our tabulation of the results.

Thank you for your cooperation.

Yours truly,

Catherine Cornell
Principal

CC/SS
Encl.

Woods Gordon

REVIEW OF NURSING HOMES INSPECTION SYSTEM

QUESTIONNAIRE FOR MANAGEMENT AND CLERICAL STAFF

Definition of Ratings

1 = Strongly Agree
2 = Agree
3 = Neither agree nor disagree
4 = Disagree
5 = Strongly Disagree
6 = Cannot Comment

PLEASE CIRCLE THE NUMBER THAT MOST CLOSELY REFLECTS YOUR OPINION

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree	Cannot Comment
Example:						
0. The Nursing Homes Branch is responsible for the inspection of nursing homes.	(1)	2	3	4	5	6
1. My work in the Nursing Home Branch is important.	1	2	3	4	5	6
2. The job description for my position accurately reflects my current duties and responsibilities.	1	2	3	4	5	6
3. I know the standards of performance expected of me.	1	2	3	4	5	6
4. The role of the Nursing Home Branch is to act as a consultant to Nursing Home Operators to help them improve their operation.	1	2	3	4	5	6
5. I am responsible for clerical functions which reduce time in the field.	1	2	3	4	5	6

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree	Cannot Comment
6. The Nursing Homes Branch has adequate clerical support.	1	2	3	4	5	6
7 Part of my role is to advise my supervisor or branch management of needed changes in policy or procedures.	1	2	3	4	5	6
8. I schedule my own work and usually don't discuss it with my supervisor.	1	2	3	4	5	6
9. I know what the goals and objectives of the Branch are.	1	2	3	4	5	6
10. My personal goals and objectives for the year are directly related to the Branch's goals and objectives.	1	2	3	4	5	6
11. My annual salary increment is a direct reflection of my performance during the previous year.	1	2	3	4	5	6
12. Formal appraisals are rarely done for staff in this office.	1	2	3	4	5	6
13. The purpose of the inspection system is to ensure compliance with the Nursing Homes Act.	1	2	3	4	5	6
14. The key objective of the inspection system is to maintain a high standard of care and safety within nursing homes.	1	2	3	4	5	6
15. Lately, I have felt that the key objective of the inspection system has been to respond to pressure from outside the Branch.	1	2	3	4	5	6
16. A major objective of the Nursing Homes Branch is to educate the owners, administrators, directors and supervisors of nursing homes.	1	2	3	4	5	6
17. My regional interdisciplinary group of inspectors has a strong sense of team.	1	2	3	4	5	6

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree	Cannot Comment
18. My working relationship with other members of the staff is positive.	1	2	3	4	5	6
19. This job frequently makes me feel very isolated.	1	2	3	4	5	6
20. No one ever discusses with me what things I should do and how.	1	2	3	4	5	6
21. The standards of performance for my job are clearly defined.	1	2	3	4	5	6
22. Continuing training is provided based on my level of skill and my developmental needs.	1	2	3	4	5	6
23. Regular training is provided to update staff on changes in procedures and regulations.	1	2	3	4	5	6
24. It would be difficult for me to obtain permission to attend a course I felt necessary for my growth and development.	1	2	3	4	5	6
25. If I do a good job, my performance will be reflected in my salary.	1	2	3	4	5	6
26. I often have to deal with angry people from outside the branch on the phone.	1	2	3	4	5	6
27. There are times when I feel that what I do isn't important and nobody cares.	1	2	3	4	5	6
28. I feel that my job is extremely important to the protection of nursing home residents.	1	2	3	4	5	6
29. When I have a question or a problem, I can always find support from my peers.	1	2	3	4	5	6

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree	Cannot Comment
30. The current Nursing Home regulations and guidelines are out of date.	1	2	3	4	5	6
31. Compliance with nursing home regulations has improved over the last few years.	1	2	3	4	5	6
32. Many nursing home operators and administrators have to be threatened with prosecution to obtain compliance.	1	2	3	4	5	6
33. Most nursing home operators and administrators are doing the best they can within the resources available.	1	2	3	4	5	6
34. The consumer advocacy groups are able to identify nursing homes that are not providing good care.	1	2	3	4	5	6
35. I sometimes have difficulty coping with the constant shifting of priorities resulting from the volume of complaints the Branch must investigate.	1	2	3	4	5	6
36. I often have to deal with difficult interpersonal situations with nursing home personnel.	1	2	3	4	5	6
37. I wish I could get more training to help me handle confrontational situations with nursing home personnel.	1	2	3	4	5	6
38. Most of my sick time has been related to the stress of my job.	1	2	3	4	5	6
39. Over the last few years, the job of inspector has become much more difficult.	1	2	3	4	5	6
40. The amount of paper generated could be streamlined.	1	2	3	4	5	6

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree	Cannot Comment
41. There is so much work I never seem to get caught up.	1	2	3	4	5	6
42. The tight time frames for completion of activities and reports creates much of the stress of my job.	1	2	3	4	5	6
43. When I need advice on job-related matters, I can always count on my supervisor or the co-ordinator.	1	2	3	4	5	6
44. When I need support or guidance, there is no-one to help me.	1	2	3	4	5	6
45. The computer system is awkward to use.	1	2	3	4	5	6
46. I could perform my job more effectively if I had more and better quality equipment.	1	2	3	4	5	6
47. My salary is appropriate for my level and responsibilities.	1	2	3	4	5	6
48. My salary level is comparable to similar positions in the ministry.	1	2	3	4	5	6
49. The essential requirements of knowledge, skills and abilities for my position are clearly defined.	1	2	3	4	5	6
50. It is difficult for me to assess my own training and developmental needs for this job.	1	2	3	4	5	6
51. My supervisor and I meet regularly to discuss my workload.	1	2	3	4	5	6
52. There is too much paper work in this Branch/office.	1	2	3	4	5	6

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree	Cannot Comment
53. My superiors don't understand the level of stress associated with this job.	1	2	3	4	5	6
54. My job is extremely exciting and I find it rewarding.	1	2	3	4	5	6
55. It is difficult for me to complete work because of the constant interruptions.	1	2	3	4	5	6
56. The office conditions and environment need improvement.	1	2	3	4	5	6
57. Sometimes I feel that the role of the Nursing Homes Branch is similar to that of a policeman.	1	2	3	4	5	6
58. I often have to deal with questions, I'm not equipped to answer.	1	2	3	4	5	6
59. There is opportunity for advancement for me within the Branch.	1	2	3	4	5	6
60. The current inspection system is effective in identifying nursing homes where residents are at risk.	1	2	3	4	5	6
61. The computer system does not provide me with the information I need in a timely fashion.	1	2	3	4	5	6
62. The computer system does not provide the kind of data and reports I need.	1	2	3	4	5	6

PLEASE COMPLETE THE FOLLOWING QUESTIONS TO ASSIST US IN ANALYSIS OF THE AGGREGATE RESPONSES:

63. Regional office: (check)
_____ London
_____ Ottawa
_____ Toronto

64. Type of Position: (check)
_____ Head Office
_____ Management/supervisor
_____ consultant/coordinator
_____ support staff

65. Length of time in this position: (check)
_____ less than 1 year
_____ 1 - 3 years
_____ 3 - 5 years
_____ more than 5 years

PLEASE NOTE THAT THESE QUESTIONNAIRES WILL REMAIN THE PROPERTY OF WOODS GORDON. ONLY AGGREGATED DATA WILL BE PROVIDED TO THE MINISTRY.

THE REMAINING THREE QUESTIONS ARE INTENDED TO OBTAIN YOUR OPINIONS AND SUGGESTIONS ABOUT THE INSPECTION SYSTEM

66. What are the current major problems with the inspection system?

67. Are changes needed to the inspection system? What changes are these?

68. What additional comments do you have? (Use the back of this page if you need extra room.)

Table 2

QUESTIONNAIRE FOR BRANCH MANAGEMENT AND CLERICAL STAFF

Responses as of April 4, 1986

	Raw Tabulation							% of 1-5 Responses					% of Total Responses		Mean of 1-5 Responses
SHEET	R01	R02	R03	R04	R05	R06	R07	PCT1	PCT2	PCT3	PCT4	PCT5	PCT6	PCT7	-AVG-
1	17	14	1	1	0	0	0	51.52	42.42	3.03	3.03	0.00	0.00	0.00	1.58
2	3	11	2	12	4	1	0	9.38	34.38	6.25	37.50	12.50	3.03	0.00	3.09
3	9	16	4	3	0	1	0	28.13	50.00	12.50	9.38	0.00	3.03	0.00	2.03
4	3	12	6	8	2	1	1	9.68	38.71	19.35	25.81	6.45	3.03	3.03	2.81
5	2	8	11	3	4	5	0	7.14	28.57	39.29	10.71	14.29	15.15	0.00	2.96
6	2	6	1	8	16	0	0	6.06	18.18	3.03	24.24	48.48	0.00	0.00	3.91
7	7	12	5	4	0	5	0	25.00	42.86	17.86	14.29	0.00	15.15	0.00	2.21
8	3	15	4	7	3	1	0	9.38	46.88	12.50	21.88	9.38	3.03	0.00	2.75
9	4	16	3	6	1	3	0	13.33	53.33	10.00	20.00	3.33	9.09	0.00	2.47
10	4	9	8	3	2	4	1	15.38	34.62	30.77	11.54	7.69	18.18	3.03	2.62
11	2	4	1	14	7	4	1	7.14	14.29	3.57	50.00	25.00	12.12	3.03	3.71
12	8	17	1	0	0	6	1	30.77	65.38	3.85	0.00	0.00	18.18	3.03	1.73
13	15	17	1	0	0	0	0	45.45	51.52	3.03	0.00	0.00	0.00	0.00	1.58
14	19	14	0	0	0	0	0	57.58	42.42	0.00	0.00	0.00	0.00	0.00	1.42
15	7	9	8	4	0	5	0	23.33	30.00	26.67	20.00	0.00	9.09	0.00	2.43
16	8	9	3	8	1	2	2	27.59	31.03	10.34	27.59	3.45	6.06	6.06	2.48
17	1	5	6	5	3	13	0	5.00	25.00	30.00	25.00	15.00	39.39	0.00	3.20
18	10	19	2	2	0	0	0	30.30	57.58	6.06	6.06	0.00	0.00	0.00	1.88
19	3	8	8	10	3	1	0	9.38	25.00	25.00	31.25	9.38	3.03	0.00	3.06
20	4	5	2	14	7	1	0	12.50	15.63	6.25	43.75	21.88	3.03	0.00	3.47
21	2	6	6	10	6	2	1	6.67	20.00	20.00	33.33	20.00	6.06	3.03	3.40
22	3	4	7	9	4	5	1	11.11	14.81	25.93	33.33	14.81	15.15	3.03	3.26
23	1	2	6	14	5	3	2	3.57	7.14	21.43	50.00	17.86	9.09	6.06	3.71
24	1	5	5	10	6	4	2	3.70	18.52	18.52	37.04	22.22	12.12	6.06	3.56
25	2	3	4	9	11	3	1	6.90	10.34	13.79	31.03	37.93	9.09	3.03	3.83
26	3	16	0	8	1	1	1	10.71	57.14	0.00	28.57	3.57	12.12	3.03	2.57
27	2	7	3	15	5	0	1	6.25	21.88	9.38	46.88	15.63	0.00	3.03	3.44
28	4	10	10	2	1	2	2	20.69	34.48	34.48	6.90	3.45	6.06	6.06	2.38
29	11	13	4	4	0	0	1	34.38	40.63	12.50	12.50	0.00	0.00	3.03	2.03
30	15	4	4	2	0	7	1	60.00	16.00	16.00	8.00	0.00	21.21	3.03	1.72
31	2	13	3	4	0	10	1	9.09	59.09	13.64	18.18	0.00	30.30	3.03	2.41
32	3	5	7	9	0	7	2	12.50	20.83	29.17	37.50	0.00	21.21	6.06	2.92
33	1	10	10	5	0	6	1	3.85	38.46	38.46	19.23	0.00	18.18	3.03	2.73
34	2	12	9	5	0	4	1	7.14	42.86	32.14	17.86	0.00	12.12	3.03	2.61
35	5	10	7	4	1	3	1	17.24	34.48	24.14	20.69	3.45	9.09	3.03	2.59
36	2	6	6	8	2	8	1	8.33	25.00	25.00	33.33	8.33	24.24	3.03	3.08
37	2	8	6	5	0	10	2	9.52	38.10	28.57	23.81	0.00	30.30	6.06	2.67
38	3	5	3	8	8	4	2	11.11	18.52	11.11	29.63	29.63	12.12	6.06	3.48
39	6	11	3	1	0	11	1	28.57	52.38	14.29	4.76	0.00	33.33	3.03	1.95
40	12	15	2	0	0	3	1	41.38	51.72	6.90	0.00	0.00	9.09	3.03	1.66
41	12	10	5	4	1	0	1	37.50	31.25	15.63	12.50	3.13	0.00	3.03	2.13
42	9	12	3	4	2	2	1	30.00	40.00	10.00	13.33	6.67	6.06	3.03	2.27
43	12	11	6	1	1	1	1	38.71	35.48	19.35	3.23	3.23	3.03	3.03	1.97
44	0	2	6	13	10	1	1	0.00	6.45	19.35	41.94	32.26	3.03	3.03	4.00
45	5	6	8	3	2	8	1	20.83	25.00	33.33	12.50	8.33	24.24	3.03	2.63
46	9	9	8	2	0	4	1	32.14	32.14	28.57	7.14	0.00	12.12	3.03	2.11
47	2	6	2	13	7	2	1	6.67	20.00	6.67	43.33	23.33	6.06	3.03	3.57
48	2	7	5	9	5	4	1	7.14	25.00	17.86	32.14	17.86	12.12	3.03	3.29
49	0	12	4	11	4	1	1	0.00	38.71	12.90	35.48	12.90	3.03	3.03	3.23
50	0	7	8	13	4	0	1	0.00	21.88	25.00	40.63	12.50	0.00	3.03	3.44

Table 2 (cont'd)

51	2	6	3	16	3	2	1	6.67	20.00	10.00	53.33	10.00	6.06	3.03	3.40
52	16	11	1	3	0	1	1	51.61	35.48	3.23	9.68	0.00	3.03	3.03	1.71
53	5	10	2	9	3	3	1	17.24	34.48	6.90	31.03	10.34	9.09	3.03	2.83
54	2	11	9	7	3	0	1	6.25	34.38	28.13	21.88	9.38	0.00	3.03	2.94
55	4	16	6	4	2	0	1	12.50	50.00	18.75	12.50	6.25	0.00	3.03	2.50
56	13	12	1	2	2	1	2	43.33	40.00	3.33	6.67	6.67	3.03	6.06	1.93
57	1	16	5	7	2	1	1	3.23	51.61	16.13	22.58	6.45	3.03	3.03	2.77
58	3	11	5	11	1	1	1	9.68	35.48	16.13	35.48	3.23	3.03	3.03	2.87
59	2	7	2	8	10	3	1	6.90	24.14	6.90	27.59	34.48	9.09	3.03	3.59
60	4	11	6	1	1	9	1	17.39	47.83	26.09	4.35	4.35	27.27	3.03	2.30
61	7	5	4	5	1	10	1	31.82	22.73	18.18	22.73	4.55	30.30	3.03	2.45
62	5	7	3	7	1	9	1	21.74	30.43	13.04	30.43	4.35	27.27	3.03	2.65
63	4	3	5	18	3	0	0	12.12	9.09	15.15	54.55	9.09	0.00	0.00	3.39
64	4	8	18	1	0	0	0	18.18	24.24	54.55	3.03	0.00	0.00	0.00	2.42
65	10	11	3	8	1	0	0	30.30	33.33	9.09	24.24	3.03	0.00	0.00	2.36

Table 2A

QUESTIONNAIRE FOR BRANCH MANAGEMENT AND CLERICAL STAFF

Responses Grouped by Topic

	Raw Tabulation							% of 1-5 Responses					% of Total Responses		Mean of 1-5 Responses
QUEST	R01	R02	R03	R04	R05	R06	R07	PCT1	PCT2	PCT3	PCT4	PCT5	PCT6	PCT7	AVG
SELECTION															
49	0	12	4	11	4	1	1	0.00	38.71	12.90	35.48	12.90	3.03	3.03	3.23
****	0	12	4	11	4	1	1	0.00	38.71	12.90	35.48	12.90	3.03	3.03	3.23
JOB DESCRIPTION															
2	3	11	2	12	4	1	0	9.38	34.38	6.25	37.50	12.50	3.03	0.00	3.09
39	6	11	3	1	0	11	1	28.57	52.38	14.29	4.76	0.00	33.33	3.03	1.95
****	9	22	5	13	4	12	1	16.98	41.51	9.43	24.53	7.55	18.18	1.52	2.64
PERFORMANCE APPR.															
21	2	6	6	10	6	2	1	6.67	20.00	20.00	33.33	20.00	6.06	3.03	3.40
12	8	17	1	0	0	6	1	30.77	65.38	3.85	0.00	0.00	18.18	3.03	1.73
****	10	23	7	10	6	8	2	17.86	41.07	12.50	17.86	10.71	12.12	3.03	2.63
SALARIES/PROM.															
11	2	4	1	14	7	4	1	7.14	14.29	3.57	50.00	25.00	12.12	3.03	3.71
47	2	6	2	13	7	2	1	6.67	20.00	6.67	43.33	23.33	6.06	3.03	3.57
48	2	7	5	9	5	4	1	7.14	25.00	17.86	32.14	17.86	12.12	3.03	3.29
59	2	7	2	8	10	3	1	6.90	24.14	6.90	27.59	34.48	9.09	3.03	3.59
25	2	3	4	9	11	3	1	6.90	10.34	13.79	31.03	37.93	9.09	3.03	3.83
****	10	27	14	53	40	16	5	6.94	18.75	9.72	36.81	27.78	9.70	3.03	3.60
STRESS/ISOLATION															
20	4	5	2	14	7	1	0	12.50	15.63	6.25	43.75	21.88	3.03	0.00	3.47
8	3	15	4	7	3	1	0	9.38	46.88	12.50	21.88	9.38	3.03	0.00	2.75
42	9	12	3	4	2	2	1	30.00	40.00	10.00	13.33	6.67	6.06	3.03	2.27
29	11	13	4	4	0	0	1	34.38	40.63	12.50	12.50	0.00	0.00	3.03	2.03
19	3	8	8	10	3	1	0	9.38	25.00	25.00	31.25	9.38	3.03	0.00	3.06
53	5	10	2	9	3	3	1	17.24	34.48	6.90	31.03	10.34	9.09	3.03	2.83
27	2	7	3	15	5	0	1	6.25	21.88	9.38	46.88	15.63	0.00	3.03	3.44
38	3	5	3	8	8	4	2	11.11	18.52	11.11	29.63	29.63	12.12	6.06	3.48
****	40	75	29	71	31	12	6	16.26	30.49	11.79	28.86	12.60	4.55	2.27	2.91
JOB SATISFACTION															
54	2	11	9	7	3	0	1	6.25	34.38	28.13	21.88	9.38	0.00	3.03	2.94
****	2	11	9	7	3	0	1	6.25	34.38	28.13	21.88	9.38	0.00	3.03	2.94
SENSE OF TEAM															
17	1	5	6	5	3	13	0	5.00	25.00	30.00	25.00	15.00	39.39	0.00	3.20
****	1	5	6	5	3	13	0	5.00	25.00	30.00	25.00	15.00	39.39	0.00	3.20
TRAINING + DEVELOPME															
22	3	4	7	9	4	5	1	11.11	14.81	25.93	33.33	14.81	15.15	3.03	3.26
23	1	2	6	14	5	3	2	3.57	7.14	21.43	50.00	17.86	9.09	6.06	3.71
50	0	7	8	13	4	0	1	0.00	21.88	25.00	40.63	12.50	0.00	3.03	3.44
24	1	5	5	10	6	4	2	3.70	18.52	18.52	37.04	22.22	12.12	6.06	3.56
****	5	18	26	46	19	12	6	4.39	15.79	22.81	40.35	16.67	9.09	4.55	3.49
ROLE															
7	7	12	5	4	0	5	0	25.00	42.86	17.86	14.29	0.00	15.15	0.00	2.21
13	15	17	1	0	0	0	0	45.45	51.52	3.03	0.00	0.00	0.00	0.00	1.58
14	19	14	0	0	0	0	0	57.58	42.42	0.00	0.00	0.00	0.00	0.00	1.42

Table 2A (cont'd)

15	7	9	8	6	0	3	0	23.33	30.00	26.67	20.00	0.00	9.09	0.00	2.43
4	3	12	6	8	2	1	1	9.68	38.71	19.35	25.81	6.45	3.03	3.03	2.81
57	1	16	5	7	2	1	1	3.23	51.61	16.13	22.58	6.45	3.03	3.03	2.77
28	6	10	10	2	1	2	2	20.69	34.48	34.48	6.90	3.45	6.06	6.06	2.38
32	3	5	7	9	0	7	2	12.50	20.83	29.17	37.50	0.00	21.21	6.06	2.92
****	61	95	42	36	5	19	6	25.52	39.75	17.57	15.06	2.09	7.20	2.27	2.28
TOOLS/OBJ BRANCH															
9	4	16	3	6	1	3	0	13.33	53.33	10.00	20.00	3.33	9.09	0.00	2.47
****	4	16	3	6	1	3	0	13.33	53.33	10.00	20.00	3.33	9.09	0.00	2.47
TOOLS/OBJ INDIVID.															
10	4	9	8	3	2	6	1	15.38	34.62	30.77	11.54	7.69	18.18	3.03	2.62
****	4	9	8	3	2	6	1	15.38	34.62	30.77	11.54	7.69	18.18	3.03	2.62
STANDARD															
33	1	10	10	5	0	6	1	3.85	38.46	38.46	19.23	0.00	18.18	3.03	2.73
34	2	12	9	5	0	4	1	7.14	42.86	32.14	17.86	0.00	12.12	3.03	2.61
40	4	11	6	1	1	9	1	17.39	47.83	26.09	4.35	4.35	27.27	3.03	2.30
****	7	33	25	11	1	19	3	9.09	42.86	32.47	14.29	1.30	19.19	3.03	2.56
RULES/REGULATION															
30	15	4	4	2	0	7	1	60.00	16.00	16.00	8.00	0.00	21.21	3.03	1.72
****	15	4	4	2	0	7	1	60.00	16.00	16.00	8.00	0.00	21.21	3.03	1.72
CONFLICT															
36	2	6	6	8	2	8	1	8.33	25.00	25.00	33.33	8.33	24.24	3.03	3.08
37	2	8	6	5	0	10	2	9.52	38.10	28.57	23.81	0.00	30.30	6.06	2.67
****	4	14	12	13	2	18	3	8.89	31.11	26.67	28.89	4.44	27.27	4.55	2.89
SUPERVISION															
51	2	6	3	16	3	2	1	6.67	20.00	10.00	53.33	10.00	6.06	3.03	3.40
43	12	11	6	1	1	1	1	38.71	35.48	19.35	3.23	3.23	3.03	3.03	1.97
44	0	2	6	13	10	1	1	0.00	6.45	19.35	41.94	32.26	3.03	3.03	4.00
****	14	19	15	30	14	4	3	15.22	20.65	16.30	32.61	15.22	4.04	3.03	3.12
INFORMATION															
62	5	7	3	7	1	9	1	21.74	30.43	13.04	30.43	4.35	27.27	3.03	2.65
6	2	6	1	8	16	0	0	6.06	18.18	3.03	24.24	48.48	0.00	0.00	3.91
61	7	5	4	5	1	10	1	31.82	22.73	18.18	22.73	4.55	30.30	3.03	2.45
****	14	18	8	20	18	19	2	17.95	23.08	10.26	25.64	23.08	19.19	2.02	3.13
PAPERFLOW															
52	16	11	1	3	0	1	1	51.61	35.48	3.23	9.68	0.00	3.03	3.03	1.71
40	12	15	2	0	0	3	1	41.38	51.72	6.90	0.00	0.00	9.09	3.03	1.66
****	28	26	3	3	0	4	2	46.67	43.33	5.00	5.00	0.00	6.06	3.03	1.68
SCHEDULING															
8	3	15	4	7	3	1	0	9.38	46.88	12.50	21.88	9.38	3.03	0.00	2.75
35	5	10	7	6	1	3	1	17.24	34.48	24.14	20.69	3.45	9.09	3.03	2.59
****	8	25	11	13	4	4	1	13.11	40.98	18.03	21.31	6.56	6.06	1.52	2.67

ontario nursing home association
5th Floor, 6075 Yonge Street, Willowdale, Ontario, Canada M2M 3W2
(416) 224-2282

March 13, 1986

All ONHA Administrators

Dear Administrator:

RE: Woods Gordon Study on the Inspection Process

Recently the Ministry of Health has awarded to Woods Gordon a contract to study the current inspection process. As part of that review Woods Gordon have drafted a questionnaire which is enclosed. To assist both Woods Gordon and the Ontario Nursing Home Association we would greatly appreciate your assistance in taking the time to read the questionnaire, complete it and return it to Woods Gordon.

Many of us over the years have been greatly frustrated by the inspection process and what we believe its original intent to have been. We feel that a study of this nature by an independent third party would bring to the fore, many of the items that we have been indicating are shortcomings of the current inspection process. Therefore your attention to this matter would be greatly appreciated.

Yours truly,

Harvey M. Nightingale
Executive Director

HMN:cm

Woods Gordon

REVIEW OF NURSING HOMES INSPECTION SYSTEM

QUESTIONNAIRE FOR ADMINISTRATORS

Dear Administrator:

Our firm has been commissioned by the Ontario Ministry of Health to undertake an independent review of nursing home inspection and compliance.

For this review, we are seeking input from all interested parties through a combination of interviews, questionnaires, meetings, data analysis and document review.

The enclosed questionnaire has been designed to obtain the opinions and suggestions of individual nursing home administrators. Other questionnaires have been developed for nursing home owners, nursing home inspectors and management/clerical staff of the Nursing Homes Branch.

The responses to these questionnaires will be treated as confidential and you are not being asked to sign your name. Only Woods Gordon will see the completed questionnaires. The Ministry will receive only aggregated tabulations of the results.

This questionnaire is intended to gather your perceptions of the effectiveness of the nursing homes inspection system. Please answer each question by circling the number that most closely reflects your opinion. Feel free to add written comments beside individual questions or on the last page.

It is important that you answer the questions based on your personal experience as a nursing home administrator. We are sending another questionnaire to nursing home owners to obtain their perspective. If you are both an administrator and an owner, you may receive two very similar questionnaires. If this happens, complete only the questionnaire for owners, and discard this one.

Should you have questions about this questionnaire, please contact: Catherine Cornell, Woods Gordon, Toronto (416) 864-1212, ext. 2042.

As we have a very short timeframe for this study, please complete the questionnaire and mail it back to us in the attached, postage-paid envelope no later than April 7, 1986. We cannot guarantee that questionnaires mailed later than this date will be included in the tabulation of results.

Thank you for your cooperation.

Yours truly,

Catherine Cornell
Principal

CC/SS
Encl.

Woods Gordon

REVIEW OF NURSING HOMES INSPECTION SYSTEM

QUESTIONNAIRE FOR ADMINISTRATORS

Definition of Ratings

1 = Strongly Agree
2 = Agree
3 = Neither agree nor disagree
4 = Disagree
5 = Strongly Disagree
6 = Cannot Comment

PLEASE CIRCLE THE NUMBER THAT MOST CLOSELY REFLECTS YOUR OPINION

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree	Cannot Comment
Example:						
0. The Nursing Homes Branch is responsible for the inspection of nursing homes.	(1)	2	3	4	5	6
1. The key objective of the inspection system is to maintain a high standard of care and safety within nursing homes.	1	2	3	4	5	6
2. Inspectors appear to be adequately trained and supervised for their jobs.	1	2	3	4	5	6
3. The inspectors have a great volume of complaints to investigate.	1	2	3	4	5	6
4. An inspection system for nursing homes in Ontario is necessary.	1	2	3	4	5	6
5. The current inspection system is effective in identifying nursing homes where residents are at risk.	1	2	3	4	5	6

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree	Cannot Comment
6. A major objective of the Nursing Homes Branch is to educate the owners, administrators, directors of nursing and food supervisors of nursing homes.	1	2	3	4	5	6
7. Nursing homes that have 3-year accreditation provide better care for their residents.	1	2	3	4	5	6
8. All long term care facilities in Ontario should be subject to the same inspection system.	1	2	3	4	5	6
9. In general, nursing home inspectors are well-qualified for their jobs.	1	2	3	4	5	6
10. Good inspectors are recognized by Ministry management and their performance is rewarded.	1	2	3	4	5	6
11. Inspectors perform a policeman function.	1	2	3	4	5	6
12. The purpose of the inspection system is to ensure compliance with the Nursing Homes Act.	1	2	3	4	5	6
13. The regional interdisciplinary group of inspectors who visit my nursing home appear to have a real sense of teamwork.	1	2	3	4	5	6
14. Different inspectors have different interpretations of the same regulation.	1	2	3	4	5	6
15. Other than annual re-licensing inspections (which may be predicted), the majority of inspection visits are genuinely "surprise visits" for the administrator.	1	2	3	4	5	6
16. Inspectors act as liaison between nursing homes and the Nursing Homes Branch.	1	2	3	4	5	6
17. The role of inspectors is extremely important to the protection of nursing home residents.	1	2	3	4	5	6

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree	Cannot Comment
18. When I need advice on how to achieve compliance with the regulations, I can always count on the inspectors for useful suggestions.	1	2	3	4	5	6
19. Over the last few years, the job of inspector has become much more difficult.	1	2	3	4	5	6
20. The Ministry has no problem recruiting well-qualified applicants for the inspector positions.	1	2	3	4	5	6
21. Ministry management understand what the inspector's job is really like.	1	2	3	4	5	6
22. Lately, I have felt that the key objective of the inspection system has been to respond to pressure from outside the Ministry.	1	2	3	4	5	6
23. Many of the complaints received by the Ministry are frivolous or unfounded.	1	2	3	4	5	6
24. The consumer advocacy groups are able to identify nursing homes that are not providing good care.	1	2	3	4	5	6
25. If a consumer advocacy group believes that a specific nursing home is providing poor care, the inspectors are more thorough in completing their inspections of that home.	1	2	3	4	5	6
26. The current regulations and guidelines for nursing homes represent reasonable expectations for:						
a) structural requirements.	1	2	3	4	5	6
b) other environmental requirements.	1	2	3	4	5	6
c) fire safety.	1	2	3	4	5	6
d) dietary requirements.	1	2	3	4	5	6
e) nursing and personal care.	1	2	3	4	5	6

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree	Cannot Comment
27. The number and specificity of regulations have increased in recent years.	1	2	3	4	5	6
28. The performance of inspectors is evaluated in terms of how many violations they cite.	1	2	3	4	5	6
29. The problem is not with the inspection system, but with the regulations themselves.	1	2	3	4	5	6
30. New regulations are developed in consultation with the industry.	1	2	3	4	5	6
31. Inspectors often act as consultants to nursing home administrators and staff to help them improve operations.	1	2	3	4	5	6
32. Inspectors often are subject to subtle or direct pressure from nursing home personnel to not record violations.	1	2	3	4	5	6
33. As in any industry, there are a mix of good and bad administrators in nursing homes.	1	2	3	4	5	6
34. Most inspectors do the best job they can under the circumstances.	1	2	3	4	5	6
35. Nursing homes are an over-regulated industry.	1	2	3	4	5	6
36. The Ministry's interpretation of regulations is consistent over the years.	1	2	3	4	5	6
37. Many nursing home owners and administrators have to be threatened with prosecution to obtain compliance.	1	2	3	4	5	6
38. I understand how the Ministry interprets each of the regulations.	1	2	3	4	5	6

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree	Cannot Comment
39. Compliance with nursing homes regulations has improved over the last few years.	1	2	3	4	5	6
40. Each regulation is specifically aimed at ensuring high quality care and/or safety for residents of nursing homes.	1	2	3	4	5	6
41. Most nursing home owners and administrators are doing the best they can within the resources available.	1	2	3	4	5	6
42. When nursing homes are not in compliance with the regulations, a major reason often is:						
a) unreasonableness of the regulation.	1	2	3	4	5	6
b) cost implications.	1	2	3	4	5	6
c) lack of understanding how to achieve compliance.	1	2	3	4	5	6
d) lack of legal basis for enforcement.	1	2	3	4	5	6
43. Compliance with the regulations has always been a problem.	1	2	3	4	5	6
44. The number of prosecutions has increased substantially in recent years.	1	2	3	4	5	6
45. Many of the current prosecutions are frivolous.	1	2	3	4	5	6
46. The Ministry does not have the necessary legal basis to adequately protect nursing home residents.	1	2	3	4	5	6
47. Ministry management has a good understanding of the day-to-day realities of nursing home operation.	1	2	3	4	5	6
48. Inspectors focus their attention on the truly important aspects for patient care and safety.	1	2	3	4	5	6

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree	Cannot Comment
49. Inspectors treat non-profit nursing homes differently from proprietary homes.	1	2	3	4	5	6
50. Many other long term care facilities (e.g., chronic hospitals and homes for the aged) would have trouble meeting the regulations applied to nursing homes.	1	2	3	4	5	6
51. It would be useful to have greater involvement of physicians in ensuring the care and safety of nursing home residents.	1	2	3	4	5	6
52. The Nursing Home Compliance Plan Review Board (chaired by Mr. Sam Ruth) has an important objective to achieve.	1	2	3	4	5	6
53. The Nursing Homes Residents' Complaints Committee (chaired by Dr. D. Crittenden) is performing a useful function for the public.	1	2	3	4	5	6
54. The current regulations are out-of-date.	1	2	3	4	5	6
55. Two inspections per year (i.e., licence renewal and annual follow-up) provide satisfactory monitoring for a nursing home.	1	2	3	4	5	6
56. Prosecution of a home is a valid process to achieve compliance.	1	2	3	4	5	6
57. The public release and posting in my home of annual inspection reports is appropriate.	1	2	3	4	5	6
58. The current level of compliance in nursing homes warrants a relaxation of inspection procedures and/or frequency.	1	2	3	4	5	6

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree	Cannot Comment
59. An accredited home has fewer violations than one that is not accredited.	1	2	3	4	5	6
60. There appears to be a sufficient number of inspectors to accomplish the inspection workload.	1	2	3	4	5	6
61. Acceditation results in an improvement in compliance.	1	2	3	4	5	6
62. When I ask for an inspector to come to my nursing home, I always get a prompt visit.	1	2	3	4	5	6
63. Compliance with the regulations, as determined through the inspection process, reflects a good nursing home.	1	2	3	4	5	6
64. The amount and type of information collected during the annual inspections is adequate to determine the quality of care and safety in nursing homes.	1	2	3	4	5	6

PLEASE COMPLETE THE FOLLOWING QUESTIONS TO ASSIST US IN ANALYSIS OF THE AGGREGATE RESPONSES:

65. Regional office with which your home deals: (check)

_____ London
_____ Ottawa
_____ Toronto

PLEASE NOTE THAT THESE QUESTIONNAIRES WILL REMAIN THE PROPERTY OF WOODS GORDON. ONLY AGGREGATED DATA WILL BE PROVIDED TO THE MINISTRY.

66. Length of time you have been an administrator of a nursing home in Ontario: (check)

_____ less than 1 year
_____ 1 - 3 years
_____ 3 - 5 years
_____ more than 5 years

67. Type of ownership of your nursing home: (check)

_____ chain proprietary (corporative group of 3 homes or more)
_____ other proprietary
_____ hospital sponsored
_____ other non-profit ownership

68. Union status: (check)

_____ unionized staff
_____ non-unionized

69. Are you a nursing home owner as well as an administrator? (check)

_____ yes
_____ no

THE REMAINING THREE QUESTIONS ARE INTENDED TO OBTAIN YOUR FURTHER OPINIONS AND SUGGESTIONS ABOUT THE INSPECTION SYSTEM

70. What are the current major problems with the inspection system?

71. Are changes needed to the inspection system? What changes are these?

72. What additional comments do you have? (Use the back of this page if you need extra room).

THANK YOU FOR YOUR COOPERATION!

Table 3

QUESTIONNAIRE FOR NURSING HOME ADMINISTRATORS

Responses as of April 4, 1986

	Raw Tabulation							% of 1-5 Responses					% of Total Responses		Mean of 1-5 Responses
QUEST	R01	R02	R03	R04	R05	R06	R07	PCT1	PCT2	PCT3	PCT4	PCT5	PCT6	PCT7	AVG-
1	56	76	12	10	9	2	2	34.36	46.63	7.36	6.13	5.52	1.20	1.20	2.02
2	8	75	38	32	9	4	1	4.94	46.30	23.46	19.75	5.56	2.40	0.60	2.75
3	5	22	35	47	14	44	0	4.07	17.89	28.46	38.21	11.38	26.35	0.00	3.35
4	59	91	6	6	3	1	1	35.76	55.15	3.64	3.64	1.82	0.60	0.60	1.81
5	9	66	33	34	17	7	1	5.66	41.51	20.75	21.38	10.69	4.19	0.60	2.90
6	4	23	14	62	56	6	2	2.52	14.47	8.81	38.99	35.22	3.59	1.20	3.90
7	20	35	30	38	36	7	1	12.58	22.01	18.87	23.90	22.64	4.19	0.60	3.22
8	134	25	3	2	2	0	1	80.72	15.06	1.81	1.20	1.20	0.00	0.60	1.27
9	4	61	44	24	6	25	1	2.84	43.26	32.62	17.02	4.26	14.97	0.60	2.77
10	0	2	38	9	5	110	3	0.00	3.70	70.37	16.67	9.26	65.87	1.80	3.31
11	52	88	7	11	2	5	2	32.50	55.00	4.38	6.88	1.25	2.99	1.20	1.89
12	41	118	2	3	0	1	2	25.00	71.95	1.22	1.83	0.00	0.60	1.20	1.80
13	6	38	29	51	23	20	0	4.08	25.85	19.73	34.69	15.65	11.98	0.00	3.32
14	106	49	4	5	0	3	0	64.63	29.88	2.44	3.05	0.00	1.80	0.00	1.44
15	102	42	1	0	0	0	2	61.82	37.58	0.61	0.00	0.00	0.00	1.20	1.39
16	7	57	27	45	22	8	1	4.43	36.08	17.09	28.48	13.92	4.79	0.60	3.11
17	11	51	33	47	22	2	1	6.71	31.10	20.12	28.66	13.41	1.20	0.60	3.11
18	6	58	33	52	15	2	1	3.66	35.37	20.12	31.71	9.15	1.20	0.60	3.07
19	22	76	23	14	2	30	0	16.06	55.47	16.79	10.22	1.46	17.96	0.00	2.26
20	0	2	25	24	8	107	1	0.00	3.39	42.37	40.68	13.56	64.07	0.60	3.64
21	1	9	26	22	11	95	3	1.45	13.04	37.68	31.88	15.94	56.89	1.80	3.48
22	78	62	14	6	0	6	1	48.75	38.75	8.75	3.75	0.00	3.59	0.60	1.68
23	36	57	23	12	1	38	0	27.91	44.19	17.83	9.30	0.78	22.75	0.00	2.11
24	2	19	21	52	42	28	3	1.47	13.97	15.44	38.24	30.88	16.77	1.80	3.83
25	27	47	18	10	1	63	1	26.21	45.63	17.48	9.71	0.97	37.72	0.60	2.14
26a	6	54	11	42	30	3	1	3.68	33.13	6.75	38.04	18.40	1.80	0.60	3.34
26b	6	81	16	41	17	3	3	3.73	50.31	9.94	25.47	10.56	1.80	1.80	2.89
26c	20	112	12	14	6	2	1	12.20	68.29	7.32	8.54	3.66	1.20	0.60	2.23
26d	10	106	9	28	12	1	1	6.06	64.24	5.45	16.97	7.27	0.60	0.60	2.55
26e	9	100	9	33	11	4	1	5.56	61.73	5.56	20.37	6.79	2.40	0.60	2.61
27	50	85	11	10	0	10	1	32.05	54.49	7.05	6.41	0.00	5.99	0.60	1.88
28	9	22	24	20	4	87	1	11.39	27.85	30.38	25.32	5.06	52.10	0.60	2.85
29	24	52	44	36	3	6	2	15.09	32.70	27.67	22.64	1.89	3.59	1.20	2.64
30	6	16	15	58	40	31	1	4.44	11.85	11.11	42.96	29.63	18.56	0.60	3.81
31	7	57	16	53	30	3	1	4.29	34.97	9.82	32.52	18.40	1.80	0.60	3.26
32	4	7	19	63	48	25	1	2.84	4.96	13.48	44.68	34.04	14.97	0.60	4.02
33	30	104	13	6	0	12	2	19.61	67.97	8.50	3.92	0.00	7.19	1.20	1.97
34	10	92	27	15	1	19	3	6.90	63.45	18.62	10.34	0.69	11.38	1.80	2.34
35	75	56	19	12	1	3	1	46.01	34.36	11.66	7.36	0.61	1.80	0.60	1.82
36	1	8	7	54	83	10	2	0.65	5.16	4.52	36.13	53.55	5.99	1.20	4.37
37	7	11	15	50	36	46	0	5.79	9.09	12.40	41.32	31.40	27.54	0.00	3.83
38	0	13	26	69	51	7	1	0.00	8.18	16.35	43.40	32.08	4.19	0.60	3.99
39	7	102	13	6	3	34	2	5.34	77.86	9.92	4.58	2.29	20.36	1.20	2.21
40	6	55	24	60	21	0	1	3.61	33.13	14.46	36.14	12.65	0.00	0.60	3.21
41	70	78	5	2	1	10	1	44.87	50.00	3.21	1.28	0.64	5.99	0.60	1.63
42a	38	81	21	15	1	6	5	24.36	51.92	13.46	9.62	0.64	3.59	2.99	2.10
42b	51	83	7	13	1	6	6	32.90	53.55	4.52	8.39	0.65	3.59	3.59	1.90
42c	15	62	17	55	6	7	5	9.68	40.00	10.97	35.48	3.87	4.19	2.99	2.84
42d	5	27	32	62	20	15	6	3.42	18.49	21.92	42.47	13.70	8.98	3.59	3.45
43	5	34	24	76	9	14	5	3.38	22.97	16.22	51.35	6.08	8.38	2.99	3.34

Table 3 (cont'd)

44	29	68	23	2	0	43	2	23.77	55.74	18.85	1.64	0.00	25.75	1.20	1.98
45	21	54	23	12	0	55	2	19.09	49.09	20.91	10.91	0.00	32.93	1.20	2.24
46	0	19	28	48	23	47	2	0.00	16.10	23.73	40.68	19.49	28.14	1.20	3.64
47	2	15	9	66	68	6	1	1.25	9.38	5.63	41.25	42.50	3.59	0.60	4.14
48	1	32	15	78	39	1	1	0.61	19.39	9.09	47.27	23.64	0.60	0.60	3.74
49	30	26	23	6	4	78	0	33.71	29.21	25.84	6.74	4.49	46.71	0.00	2.19
50	128	30	0	1	0	8	0	80.50	18.87	0.00	0.63	0.00	4.79	0.00	1.21
51	81	65	34	42	6	1	0	12.65	39.16	20.48	25.30	2.41	0.60	0.00	2.66
52	21	64	35	23	3	19	2	14.38	43.84	23.97	15.75	2.05	11.38	1.20	2.47
53	3	40	45	37	8	34	0	2.26	30.08	33.83	27.82	6.02	20.36	0.00	3.05
54	31	50	38	39	2	6	1	19.38	31.25	23.75	24.38	1.25	3.59	0.60	2.57
55	34	79	24	21	3	4	2	21.12	49.07	14.91	13.04	1.86	2.48	1.20	2.25
56	4	47	24	56	22	11	3	2.61	30.72	15.69	36.60	14.38	6.59	1.80	3.29
57	16	94	13	27	11	6	2	9.94	58.39	8.07	16.77	6.83	2.48	1.20	2.52
58	9	37	32	59	4	25	1	6.38	26.24	22.70	41.84	2.84	14.97	0.60	3.09
59	7	30	23	59	12	33	3	5.34	22.90	17.56	45.04	9.16	19.76	1.80	3.30
60	12	57	16	39	6	36	1	9.23	43.85	12.31	30.00	4.62	21.56	0.60	2.77
61	14	57	28	41	7	17	3	9.52	38.78	19.05	27.89	4.76	10.18	1.80	2.80
62	5	49	26	16	6	63	2	4.90	48.04	25.49	15.69	5.88	37.72	1.20	2.70
63	7	51	40	46	17	5	1	4.35	31.68	24.84	28.57	10.56	2.99	0.60	3.09
64	8	70	20	47	15	5	2	5.00	43.75	12.50	29.38	9.38	2.99	1.20	2.94
65	62	36	65	3	0	1	0	37.35	21.69	39.16	1.81	0.00	0.60	0.00	2.05
66	19	39	32	75	1	1	0	11.45	23.49	19.28	45.18	0.60	0.60	0.00	3.00
67	99	55	1	9	2	1	0	59.64	33.13	0.60	5.42	1.20	0.60	0.00	1.55
68	118	45	3	0	0	1	0	71.08	27.11	1.81	0.00	0.00	0.60	0.00	1.31
69	21	144	1	0	0	1	0	12.65	86.75	0.60	0.00	0.00	0.60	0.00	1.88

Table 3A

QUESTIONNAIRE FOR NURSING HOME ADMINISTRATORS

Responses Grouped by Topic

	Raw Tabulation							% of 1-5 Responses					% of Total Responses		Mean of 1-5 Responses
QUEST	R01	R02	R03	R04	R05	R06	R07	PCT1	PCT2	PCT3	PCT4	PCT5	PCT6	PCT7	-AVG-
SYSTEM OBJECTIVES															
1	56	76	12	10	9	2	2	34.36	46.63	7.36	6.13	5.52	1.20	1.20	2.02
6	4	23	14	62	56	6	2	2.52	14.47	8.81	38.99	35.22	3.59	1.20	3.90
11	52	88	7	11	2	5	2	32.50	55.00	4.38	6.88	1.25	2.99	1.20	1.89
12	41	118	2	3	0	1	2	25.00	71.95	1.22	1.83	0.00	0.60	1.20	1.80
16	7	57	27	45	22	8	1	4.43	36.08	17.09	28.48	13.92	4.79	0.60	3.11
18	6	58	33	52	15	2	1	3.66	35.37	20.12	31.71	9.15	1.20	0.60	3.07
22	78	62	14	6	0	6	1	48.75	38.75	8.75	3.75	0.00	3.59	0.60	1.68
26a	6	54	11	62	30	3	1	3.68	33.13	6.75	38.04	18.40	1.80	0.60	3.34
26b	6	81	16	41	17	3	3	3.73	50.31	9.94	25.47	10.56	1.80	1.80	2.89
26c	20	112	12	14	6	2	1	12.20	68.29	7.32	8.54	3.66	1.20	0.60	2.23
26d	10	106	9	28	12	1	1	6.06	64.24	5.45	16.97	7.27	0.60	0.60	2.55
26e	9	100	9	33	11	4	1	5.56	61.73	5.56	20.37	6.79	2.40	0.60	2.61
28	9	22	24	20	4	87	1	11.39	27.85	30.38	25.32	5.06	52.10	0.60	2.85
31	7	57	16	53	30	3	1	4.29	34.97	9.82	32.52	18.40	1.80	0.60	3.26
57	16	94	13	27	11	4	2	9.94	58.39	8.07	16.77	6.83	2.40	1.20	2.52
62	5	49	26	16	6	63	2	4.90	48.04	25.49	15.69	5.88	37.72	1.20	2.70
64	8	70	20	47	15	5	2	5.00	43.75	12.50	29.38	9.38	2.99	1.20	2.94
****	340	1227	265	530	246	205	26	13.04	47.05	10.16	20.32	9.43	7.22	0.92	2.66
SYSTEM EFFECTIVENESS															
5	9	66	33	34	17	7	1	5.66	41.51	20.75	21.38	10.69	4.19	0.60	2.90
15	102	62	1	0	0	0	2	61.82	37.58	0.61	0.00	0.00	0.00	1.20	1.39
17	11	51	33	47	22	2	1	6.71	31.10	20.12	28.66	13.41	1.20	0.60	3.11
48	1	32	15	78	39	1	1	0.61	19.39	9.09	47.27	23.64	0.60	0.60	3.74
63	7	51	40	44	17	5	1	4.35	31.68	24.84	26.57	10.56	2.99	0.60	3.09
****	130	262	122	205	95	15	6	15.97	32.19	14.99	25.18	11.67	1.80	0.72	2.84
COMPLIANCE															
4	59	91	6	6	3	1	1	35.76	55.15	3.64	3.64	1.82	0.60	0.60	1.81
32	4	7	19	63	48	25	1	2.84	4.96	13.48	44.68	34.04	14.97	0.60	4.02
33	30	104	13	6	0	12	2	19.61	67.97	8.50	3.92	0.00	7.19	1.20	1.97
37	7	11	15	50	38	46	0	5.79	9.09	12.40	41.32	31.40	27.54	0.00	3.83
39	7	102	13	6	3	34	2	5.34	77.86	9.92	4.58	2.29	20.36	1.20	2.21
41	78	78	5	2	1	10	1	44.87	50.00	3.21	1.28	0.64	5.99	0.60	1.63
42a	38	81	21	15	1	6	5	24.36	51.92	13.46	9.62	0.64	3.59	2.99	2.10
42b	51	83	7	13	1	6	6	32.90	53.55	4.52	8.39	0.65	3.59	3.59	1.90
42c	15	62	17	55	6	7	5	9.68	40.00	10.97	35.48	3.87	4.19	2.99	2.84
42d	5	27	32	62	20	15	6	3.42	18.49	21.92	42.47	13.70	8.98	3.59	3.45
43	5	34	24	76	9	14	5	3.38	22.97	16.22	51.35	6.08	8.38	2.99	3.34
55	34	79	24	21	3	4	2	21.12	49.07	14.91	13.04	1.86	2.40	1.20	2.25
58	9	37	32	59	4	25	1	6.38	26.24	22.70	41.84	2.84	14.97	0.60	3.09
****	334	796	228	434	137	205	37	17.31	41.26	11.82	22.50	7.10	9.44	1.70	2.61
INSPECTOR PERFORMANC															
2	8	75	38	32	9	4	1	4.94	46.30	23.46	19.75	5.56	2.40	0.60	2.75
3	5	22	35	47	14	44	0	4.07	17.89	28.46	38.21	11.38	26.35	0.00	3.35
9	4	61	46	24	6	25	1	2.84	43.26	32.62	17.02	4.26	14.97	0.60	2.77
13	6	38	29	51	23	20	0	4.08	25.85	19.73	34.69	15.65	11.98	0.00	3.32
19	22	76	23	14	2	30	0	16.06	55.47	16.79	10.22	1.46	17.96	0.00	2.26
20	0	2	25	24	8	107	1	0.00	3.39	42.37	40.68	13.56	64.07	0.60	3.64
34	10	92	27	15	1	19	3	6.90	63.45	18.62	10.34	0.69	11.38	1.80	2.34
60	12	57	16	39	6	36	1	9.23	43.85	12.31	30.00	4.62	21.56	0.60	2.77
****	67	423	239	246	69	285	7	6.42	40.52	22.89	23.56	6.61	21.33	0.52	2.83

Table 3A (cont'd)

ACCREDITATION															
7	20	35	30	38	36	7	1	12.58	22.01	18.87	23.90	22.64	4.19	0.60	3.22
59	7	30	25	59	12	33	3	5.34	22.90	17.56	45.04	9.16	19.76	1.80	3.30
61	14	57	28	41	7	17	3	9.52	38.78	19.05	27.89	4.76	10.18	1.80	2.80
****	41	122	81	138	55	57	7	9.38	27.92	18.54	31.58	12.59	11.38	1.40	3.10
MINISTRY MANAGEMENT															
10	0	2	38	9	5	110	3	0.00	3.70	70.37	16.67	9.26	65.87	1.80	3.31
21	1	9	26	22	11	95	3	1.45	13.04	37.68	31.88	15.94	56.89	1.80	3.48
47	2	15	9	66	48	6	1	1.25	9.38	5.63	41.25	42.50	3.59	0.60	4.14
****	3	26	73	97	64	211	7	1.06	9.19	25.80	34.28	29.68	42.12	1.40	3.82
CONSISTENCY															
14	106	49	4	5	0	3	0	64.63	29.88	2.44	3.05	0.00	1.80	0.00	1.44
36	1	8	7	54	83	10	2	0.65	5.16	4.52	36.13	53.55	5.99	1.20	4.37
49	30	26	23	6	4	78	0	33.71	29.21	25.84	6.74	4.49	46.71	0.00	2.19
****	137	83	34	67	87	91	2	33.58	20.34	8.33	16.42	21.32	18.16	0.40	2.72
COMPLAINTS															
24	2	19	21	52	42	28	3	1.47	13.97	15.44	38.24	30.88	16.77	1.80	3.83
25	27	47	18	10	1	63	1	26.21	45.63	17.48	9.71	0.97	37.72	0.60	2.14
53	3	40	45	37	8	34	0	2.26	30.08	33.83	27.82	6.02	20.36	0.00	3.05
****	32	106	84	99	51	125	4	8.60	28.49	22.58	26.61	13.71	24.95	0.80	3.08
REGULATIONS															
26a	6	54	11	62	30	3	1	3.68	33.13	6.75	38.04	18.40	1.80	0.60	3.34
26b	6	81	16	41	17	3	3	3.73	50.31	9.94	25.47	10.56	1.80	1.80	2.89
26c	20	112	12	14	6	2	1	12.20	68.29	7.32	8.54	3.66	1.20	0.60	2.23
26d	10	106	9	28	12	1	1	6.06	64.24	5.45	16.97	7.27	0.60	0.60	2.55
26e	9	100	9	33	11	4	1	5.56	61.73	5.56	20.37	6.79	2.40	0.60	2.61
27	50	85	11	10	0	10	1	32.05	54.49	7.05	6.41	0.00	5.99	0.60	1.88
29	24	52	44	36	3	6	2	15.09	32.70	27.67	22.64	1.89	3.59	1.20	2.64
30	6	16	15	58	40	31	1	4.44	11.85	11.11	42.96	29.63	18.56	0.60	3.81
35	75	56	19	12	1	3	1	46.01	34.36	11.66	7.36	0.61	1.80	0.60	1.82
38	0	13	26	49	51	7	1	0.00	8.18	16.35	43.40	32.08	4.19	0.60	3.99
40	6	55	24	40	21	8	1	3.61	33.13	14.46	36.14	12.65	0.00	0.60	3.21
46	0	19	28	48	23	47	2	0.00	16.10	23.73	40.68	19.49	28.14	1.20	3.64
53	3	40	45	37	8	34	0	2.26	30.08	33.83	27.82	6.02	20.36	0.00	3.05
54	31	50	38	39	2	6	1	19.38	31.25	23.75	24.38	1.25	3.59	0.60	2.57
****	266	839	307	547	225	157	17	11.37	38.77	14.19	25.28	10.40	6.72	0.73	2.85
PROSECUTION															
44	29	68	23	2	0	43	2	23.77	55.74	18.85	1.64	0.00	25.75	1.20	1.98
45	21	54	23	12	6	55	2	19.09	49.09	20.91	10.91	0.00	32.93	1.20	2.24
56	4	47	24	56	22	11	3	2.61	30.72	15.69	36.60	14.38	6.59	1.80	3.29
****	54	169	70	70	22	109	7	14.03	43.90	18.18	18.18	5.71	21.76	1.40	2.58
OTHER LTC FACILITIES															
8	134	25	3	2	2	0	1	80.72	15.06	1.81	1.20	1.20	0.00	0.60	1.27
50	128	30	0	1	0	8	0	80.50	18.87	0.00	0.63	0.00	4.79	0.00	1.21
****	262	55	3	3	2	8	1	80.62	16.92	0.92	0.92	0.62	2.40	0.30	1.26
PHYSICIANS															
51	21	65	34	42	4	1	0	12.65	39.16	20.48	25.30	2.41	0.60	0.00	2.66
****	21	65	34	42	4	1	0	12.65	39.16	20.48	25.30	2.41	0.60	0.00	2.66

ontario nursing home association
5th Floor, 6075 Yonge Street, Willowdale, Ontario, Canada M2M 3W2
(416) 224-2282

March 13, 1986

All ONHA Owners

RE: Woods Gordon Study on the Inspection Process

Recently the Ministry of Health has awarded to Woods Gordon a contract to study the current inspection process. As part of that review Woods Gordon have drafted a questionnaire which is enclosed. To assist both Woods Gordon and the Ontario Nursing Home Association we would greatly appreciate your assistance in taking the time to read the questionnaire, complete it and return it to Woods Gordon.

Many of us over the years have been greatly frustrated by the inspection process and what we believe its original intent to have been. We feel that a study of this nature by an independent third party would bring to the fore, many of the items that we have been indicating are shortcomings of the current inspection process. Therefore your attention to this matter would be greatly appreciated.

Yours truly,

Harvey M. Nightingale
Executive Director

HMN:cm

Woods Gordon

REVIEW OF NURSING HOMES INSPECTION SYSTEM

QUESTIONNAIRE FOR OWNERS

Dear Nursing Home Owner:

Our firm has been commissioned by the Ontario Ministry of Health to undertake an independent review of nursing home inspection and compliance.

For this review, we are seeking input from all interested parties through a combination of interviews, questionnaires, meetings, data analysis and document review.

The enclosed questionnaire has been designed to obtain the opinions and suggestions of nursing home owners. Other questionnaires have been developed for nursing home administrators, nursing home inspectors and management/clerical staff of the Nursing Homes Branch.

The responses to these questionnaires will be treated as confidential, and you are not being asked to sign your name. Only Woods Gordon will see the completed questionnaires. The Ministry will receive only aggregated tabulations of the results.

This questionnaire is intended to gather your perceptions of the effectiveness of the nursing home inspection system. Please answer each question by circling the number that most closely reflects your opinion. Feel free to add written comments beside individual questions or on the last page.

Should you have any questions about this questionnaire, please contact: Catherine Cornell, Woods Gordon, Toronto (416) 864-1212, ext. 2042.

As we have a very short timeframe for this study, please complete the questionnaire and mail it back to us in the attached, postage-paid envelope no later than April 7, 1986. We cannot guarantee that questionnaires mailed later than this date will be included in the tabulation of results.

Thank you for your cooperation.

Yours truly,

Catherine Cornell
Principal

CC/SS

Encl.

Woods Gordon

REVIEW OF NURSING HOMES INSPECTION SYSTEM

QUESTIONNAIRE FOR OWNERS

Definition of Ratings

1 = Strongly Agree
2 = Agree
3 = Neither agree nor disagree
4 = Disagree
5 = Strongly Disagree
6 = Cannot Comment

PLEASE CIRCLE THE NUMBER THAT MOST CLOSELY REFLECTS YOUR OPINION

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree	Cannot Comment
Example:						
0. The Nursing Homes Branch is responsible for the inspection of nursing homes.	(1)	2	3	4	5	6
1. The key objective of the inspection system is to maintain a high standard of care and safety within nursing homes.	1	2	3	4	5	6
2. Inspectors appear to be adequately trained and supervised for their jobs.	1	2	3	4	5	6
3. The inspectors have a great volume of complaints to investigate.	1	2	3	4	5	6
4. An inspection system for nursing homes in Ontario is necessary.	1	2	3	4	5	6
5. The current inspection system is effective in identifying nursing homes where residents are at risk.	1	2	3	4	5	6

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree	Cannot Comment
6. A major objective of the Nursing Homes Branch is to educate the owners, administrators, directors of nursing and food supervisors of nursing homes.	1	2	3	4	5	6
7. Nursing homes that have 3-year accreditation provide better care for their residents.	1	2	3	4	5	6
8. All long term care facilities in Ontario should be subject to the same inspection system.	1	2	3	4	5	6
9. In general, nursing home inspectors are well-qualified for their jobs.	1	2	3	4	5	6
10. Good inspectors are recognized by Ministry management and their performance is rewarded.	1	2	3	4	5	6
11. Inspectors perform a policeman function.	1	2	3	4	5	6
12. The purpose of the inspection system is to ensure compliance with the Nursing Homes Act.	1	2	3	4	5	6
13. The regional interdisciplinary group of inspectors who visit my nursing home(s) appear to have a real sense of teamwork.	1	2	3	4	5	6
14. Different inspectors have different interpretations of the same regulation.	1	2	3	4	5	6
15. Other than annual re-licensing inspections (which may be predicted), the majority of inspection visits are genuinely "surprise visits" for the administrator.	1	2	3	4	5	6
16. Inspectors act as liaison between nursing homes and the Nursing Homes Branch.	1	2	3	4	5	6
17. The role of inspectors is extremely important to the protection of nursing home residents.	1	2	3	4	5	6

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree	Cannot Comment
18. When I need advice on how to achieve compliance with the regulations, I can always count on the inspectors for useful suggestions.	1	2	3	4	5	6
19. Over the last few years, the job of inspector has become much more difficult.	1	2	3	4	5	6
20. The Ministry has no problem recruiting well-qualified applicants for the inspector positions.	1	2	3	4	5	6
21. Ministry management understand what the inspector's job is really like.	1	2	3	4	5	6
22. Lately, I have felt that the key objective of the inspection system has been to respond to pressure from outside the Ministry.	1	2	3	4	5	6
23. Many of the complaints received by the Ministry are frivolous or unfounded.	1	2	3	4	5	6
24. The consumer advocacy groups are able to identify nursing homes that are not providing good care.	1	2	3	4	5	6
25. If a consumer advocacy group believes that a specific nursing home is providing poor care, the inspectors are more thorough in completing their inspections of that home.	1	2	3	4	5	6
26. The current regulations and guidelines for nursing homes represent reasonable expectations for:						
a) structural requirements.	1	2	3	4	5	6
b) other environmental requirements.	1	2	3	4	5	6
c) fire safety.	1	2	3	4	5	6
d) dietary requirements.	1	2	3	4	5	6
e) nursing and personal care.	1	2	3	4	5	6

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree	Cannot Comment
27. The number and specificity of regulations have increased in recent years.	1	2	3	4	5	6
28. The performance of inspectors is evaluated in terms of how many violations they cite.	1	2	3	4	5	6
29. The problem is not with the inspection system, but with the regulations themselves.	1	2	3	4	5	6
30. New regulations are developed in consultation with the industry.	1	2	3	4	5	6
31. Inspectors often act as consultants to nursing home administrators and staff to help them improve operations.	1	2	3	4	5	6
32. Inspectors often are subject to subtle or direct pressure from nursing home personnel to not record violations.	1	2	3	4	5	6
33. As in any industry, there are a mix of good and bad administrators (and owners) in nursing homes.	1	2	3	4	5	6
34. Most inspectors do the best job they can under the circumstances.	1	2	3	4	5	6
35. Nursing homes are an over-regulated industry.	1	2	3	4	5	6
36. The Ministry's interpretation of regulations is consistent over the years.	1	2	3	4	5	6
37. Many nursing home owners and administrators have to be threatened with prosecution to obtain compliance.	1	2	3	4	5	6
38. I understand how the Ministry interprets each of the regulations	1	2	3	4	5	6

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree	Cannot Comment
39. Compliance with nursing homes regulations has improved over the last few years.	1	2	3	4	5	6
40. Each regulation is specifically aimed at ensuring high quality care and/or safety for residents of nursing homes.	1	2	3	4	5	6
41. Most nursing home owners and administrators are doing the best they can within the resources available.	1	2	3	4	5	6
42. When nursing homes are not in compliance with the regulations, a major reason often is:						
a) unreasonableness of the regulation.	1	2	3	4	5	6
b) cost implications.	1	2	3	4	5	6
c) lack of understanding how to achieve compliance.	1	2	3	4	5	6
d) lack of legal basis for enforcement.	1	2	3	4	5	6
43. Compliance with the regulations has always been a problem.	1	2	3	4	5	6
44. The number of prosecutions has increased substantially in recent years.	1	2	3	4	5	6
45. Many of the current prosecutions are frivolous.	1	2	3	4	5	6
46. The Ministry does not have the necessary legal basis to adequately protect nursing home residents.	1	2	3	4	5	6
47. Ministry management has a good understanding of the day-to-day realities of nursing home operation.	1	2	3	4	5	6
48. Inspectors focus their attention on the truly important aspects for patient care and safety.	1	2	3	4	5	6

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree	Cannot Comment
49. Inspectors treat non-profit nursing homes differently from proprietary homes.	1	2	3	4	5	6
50. Many other long term care facilities (e.g., chronic hospitals and homes for the aged) would have trouble meeting the regulations applied to nursing homes.	1	2	3	4	5	6
51. It would be useful to have greater involvement of physicians in ensuring the care and safety of nursing home residents.	1	2	3	4	5	6
52. The Nursing Home Compliance Plan Review Board (chaired by Mr. Sam Ruth) has an important objective to achieve.	1	2	3	4	5	6
53. The Nursing Homes Residents' Complaints Committee (chaired by Dr. D. Crittenden) is performing a useful function for the public.	1	2	3	4	5	6
54. Inconsistency between inspectors in the interpretation of regulations is a major problem.	1	2	3	4	5	6
55. There are significant differences in the "strictness" of inspection among three regions.	1	2	3	4	5	6
56. Over the past few years, the inspection system has become more of a problem for me.	1	2	3	4	5	6
57. It is difficult for me to ensure that my employees are complying with all the regulations.	1	2	3	4	5	6
58. At present, I am particularly frustrated about the inspection of structural features of my home(s).	1	2	3	4	5	6
59. The current regulations are out-of-date.	1	2	3	4	5	6

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree	Cannot Comment
60. Two inspections per year (i.e., licence renewal and annual follow-up) provide satisfactory monitoring for a nursing home.	1	2	3	4	5	6
61. Prosecution of a home is a valid process to achieve compliance.	1	2	3	4	5	6
62. The public release and posting in my home(s) of annual inspection reports is appropriate.	1	2	3	4	5	6
63. The current level of compliance in nursing homes warrants a relaxation of inspection procedures and/or frequency.	1	2	3	4	5	6
64. An accredited home has fewer violations than one that is not accredited.	1	2	3	4	5	6
65. There appears to be a sufficient number of inspectors to accomplish the inspection workload.	1	2	3	4	5	6
66. Accreditation results in an improvement in compliance.	1	2	3	4	5	6
67. When I ask for an inspector to come to my nursing home(s), I always get a prompt visit.	1	2	3	4	5	6
68. Compliance with the regulations, as determined through the inspection process, reflects a good nursing home.	1	2	3	4	5	6
69. The amount and type of information collected during the annual inspections is adequate to determine the quality of care and safety within nursing homes.	1	2	3	4	5	6

PLEASE COMPLETE THE FOLLOWING QUESTIONS TO ASSIST US IN ANALYSIS OF THE AGGREGATE RESPONSES:

70. Regional office(s) with which your home(s) deal: (check as many as applicable)

_____ London
_____ Ottawa
_____ Toronto

PLEASE NOTE THAT THESE QUESTIONNAIRES WILL REMAIN THE PROPERTY OF WOODS GORDON. ONLY AGGREGATED DATA WILL BE PROVIDED TO THE MINISTRY.

71. Length of time you have been an owner of a nursing home(s) in Ontario: (check)

_____ less than 1 year
_____ 1 - 3 years
_____ 3 - 5 years
_____ more than 5 years

72. Type of ownership of your nursing home(s): (check)

_____ chain proprietary (corporative group of 3 homes or more)
_____ other proprietary
_____ other (specify_____ ___ ___)

73. Union status: (check)

_____ unionized staff
_____ non-unionized

74. Are you a nursing home administrator as well as an owner? (check)

_____ yes
_____ no

THE REMAINING THREE QUESTIONS ARE INTENDED TO OBTAIN YOUR FURTHER OPINIONS AND SUGGESTIONS ABOUT THE INSPECTION SYSTEM

75. What are the current major problems with the inspection system?

76. Are changes needed to the inspection system? What changes are these?

77. What additional comments do you have? (Use the back of this page if you need extra room).

THANK YOU FOR YOUR COOPERATION!

Table 4

QUESTIONNAIRE FOR NURSING HOME OWNERS

Responses as of April 4, 1986

	Raw Tabulation							% of 1-5 Responses					% of Total Responses		Mean of 1-5 Responses
QUEST	R01	R02	R03	R04	R05	R06	R07	PCT1	PCT2	PCT3	PCT4	PCT5	PCT6	PCT7	-AVG-
1	30	42	8	10	6	1	0	31.25	43.75	8.33	10.42	6.25	1.03	0.00	2.17
2	3	36	23	20	8	6	1	3.33	40.00	25.56	22.22	8.89	6.19	1.03	2.93
3	5	14	16	27	4	30	1	7.58	21.21	24.24	40.91	6.06	30.93	1.03	3.17
4	35	50	4	5	1	0	2	36.84	52.63	4.21	5.26	1.05	0.00	2.06	1.81
5	5	40	13	23	11	4	1	5.43	43.48	14.13	25.00	11.96	4.12	1.03	2.95
6	3	5	9	40	38	2	0	3.16	5.26	9.47	42.11	40.00	2.06	0.00	4.11
7	7	20	21	22	21	5	1	7.69	21.98	23.08	24.18	23.08	5.15	1.03	3.33
8	88	7	0	2	0	0	0	90.72	7.22	0.00	2.06	0.00	0.00	0.00	1.13
9	1	34	28	15	5	12	2	1.20	40.96	33.73	18.07	6.02	12.37	2.06	2.87
10	2	5	13	13	2	60	2	5.71	14.29	37.14	37.14	5.71	61.86	2.06	3.23
11	37	47	4	7	1	1	0	38.54	48.96	4.17	7.29	1.04	1.03	0.00	1.83
12	30	56	0	5	4	2	0	31.58	58.95	0.00	5.26	4.21	2.06	0.00	1.92
13	3	13	28	32	9	12	0	3.53	15.29	32.94	37.65	10.59	12.37	0.00	3.36
14	64	30	2	0	0	0	1	66.67	31.25	2.08	0.00	0.00	0.00	1.03	1.35
15	63	31	0	1	0	2	0	66.32	32.63	0.00	1.05	0.00	2.06	0.00	1.36
16	7	31	13	22	18	6	0	7.69	34.07	14.29	24.18	19.78	6.19	0.00	3.14
17	7	29	19	28	14	0	0	7.22	29.90	19.59	28.87	14.43	0.00	0.00	3.13
18	6	25	22	28	14	2	0	6.32	26.32	23.16	29.47	14.74	2.06	0.00	3.20
19	13	41	14	8	4	14	3	16.25	51.25	17.50	10.00	5.00	14.43	3.09	2.36
20	1	3	10	17	8	55	3	2.56	7.69	25.64	43.59	20.51	56.70	3.09	3.72
21	0	7	17	17	7	48	1	0.00	14.58	35.42	35.42	14.58	49.48	1.03	3.50
22	51	30	8	3	1	4	0	54.84	32.26	8.60	3.23	1.08	4.12	0.00	1.63
23	25	29	11	5	1	25	1	35.21	40.85	15.49	7.04	1.41	25.77	1.03	1.99
24	5	7	14	33	21	17	0	6.25	8.75	17.50	41.25	26.25	17.53	0.00	3.73
25	19	28	12	6	0	29	3	29.23	43.08	18.46	9.23	0.00	29.90	3.09	2.08
26a	9	41	5	24	18	0	0	9.28	42.27	5.15	24.74	18.56	0.00	0.00	3.01
26b	7	50	10	22	6	1	1	7.37	52.63	10.53	23.16	6.32	1.03	1.03	2.68
26c	18	63	4	7	4	0	1	18.75	65.63	4.17	7.29	4.17	0.00	1.03	2.13
26d	9	55	8	17	7	0	1	9.38	57.29	8.33	17.71	7.29	0.00	1.03	2.56
26e	7	58	10	14	7	0	1	7.29	60.42	10.42	14.58	7.29	0.00	1.03	2.56
27	32	51	3	5	0	6	0	35.16	56.04	3.30	5.49	0.00	6.19	0.00	1.79
28	7	14	9	10	1	56	0	17.07	34.15	21.95	24.39	2.44	57.73	0.00	2.61
29	11	36	25	18	1	5	1	12.09	39.56	27.47	19.78	1.10	5.15	1.03	2.58
30	2	9	8	36	27	13	2	2.44	10.98	9.76	43.90	32.93	13.40	2.06	3.96
31	3	24	15	31	21	2	1	3.19	25.53	15.96	32.98	22.34	2.06	1.03	3.46
32	3	6	13	21	30	23	1	4.11	8.22	17.81	28.77	41.10	23.71	1.03	3.95
33	26	57	7	2	0	5	0	28.26	61.96	7.61	2.17	0.00	5.15	0.00	1.84
34	5	49	18	8	0	14	1	6.25	61.25	22.50	10.00	0.00	16.49	1.03	2.36
35	50	24	14	8	0	1	0	52.08	25.00	14.58	8.33	0.00	1.03	0.00	1.79
36	4	7	3	33	47	3	0	4.26	7.45	3.19	35.11	50.00	3.09	0.00	4.19
37	6	7	7	29	27	21	0	7.89	9.21	9.21	38.16	35.53	21.65	0.00	3.84
38	0	7	18	38	34	0	0	0.00	7.22	18.56	39.18	35.05	0.00	0.00	4.02
39	8	51	10	3	3	22	0	10.67	68.00	13.33	4.00	4.00	22.68	0.00	2.23
40	4	26	11	35	21	0	0	4.12	26.80	11.34	36.08	21.65	0.00	0.00	3.44
41	43	42	5	2	1	3	1	46.24	45.16	5.38	2.15	1.08	3.09	1.03	1.67
42a	29	42	10	11	1	2	2	31.18	45.16	10.75	11.83	1.08	2.06	2.06	2.06
42b	30	47	8	6	2	1	3	32.26	50.54	8.60	6.45	2.15	1.03	3.09	1.96
42c	9	40	9	27	8	2	2	9.68	43.01	9.68	29.03	8.60	2.06	2.06	2.84
42d	6	5	15	34	24	10	3	7.14	5.95	17.86	40.48	28.57	10.31	3.09	3.44
43	9	26	18	31	8	4	1	9.78	28.26	19.57	33.70	8.70	4.12	1.03	3.03

Table 4 (cont'd)

44	20	35	5	2	0	34	1	32.26	56.45	8.06	3.23	0.00	35.05	1.03	1.82
45	25	23	7	3	0	38	1	43.10	39.66	12.07	5.17	0.00	39.18	1.03	1.79
46	3	8	9	36	20	27	0	4.29	11.43	12.86	42.86	28.57	27.84	0.00	3.80
47	0	9	9	35	41	3	0	0.00	9.57	9.57	37.23	43.62	3.09	0.00	4.15
48	3	14	14	34	30	0	0	3.09	14.43	14.49	35.05	30.93	0.00	0.00	3.76
49	15	16	9	11	3	43	0	27.78	29.63	16.67	20.37	5.56	44.33	0.00	2.46
50	74	17	2	2	1	1	0	77.08	17.71	2.08	2.08	1.04	1.03	0.00	1.32
51	12	29	29	18	5	3	1	12.90	31.18	31.18	19.35	5.38	3.09	1.03	2.73
52	15	42	15	9	6	10	0	17.24	48.28	17.24	10.34	6.90	10.31	0.00	2.41
53	0	28	30	13	7	18	1	0.00	35.90	38.46	16.67	8.97	18.56	1.03	2.99
54	39	39	12	4	0	3	0	41.49	41.49	12.77	4.26	0.00	3.09	0.00	1.80
55	13	29	7	5	0	41	2	26.07	53.70	12.96	9.26	0.00	42.27	2.06	2.07
56	14	42	12	22	2	2	1	17.02	44.68	12.77	23.40	2.13	2.06	1.03	2.49
57	10	37	11	29	8	1	1	10.53	38.95	11.58	30.53	8.42	1.03	1.03	2.87
58	28	36	9	17	5	1	1	29.47	37.89	9.47	17.89	5.26	1.03	1.03	2.32
59	10	30	26	23	3	4	1	10.87	32.61	28.26	25.00	3.26	4.12	1.03	2.77
60	9	56	20	7	0	4	1	9.78	60.87	21.74	7.61	0.00	4.12	1.03	2.27
61	0	33	12	30	17	4	1	0.00	35.87	13.04	32.61	18.48	4.12	1.03	3.34
62	3	44	13	22	13	0	2	3.16	46.32	13.68	23.16	13.68	0.00	2.06	2.98
63	9	21	24	28	0	14	1	10.98	25.61	29.27	34.15	0.00	14.43	1.03	2.87
64	4	14	13	38	11	16	1	5.00	17.50	16.25	47.50	13.75	16.49	1.03	3.48
65	3	47	8	8	0	29	2	4.55	71.21	12.12	12.12	0.00	29.90	2.06	2.32
66	5	29	17	23	7	13	3	6.17	35.80	20.99	28.40	8.64	13.40	3.09	2.98
67	5	27	13	8	3	40	1	8.93	48.21	23.21	14.29	5.36	41.24	1.03	2.59
68	5	27	21	30	11	2	1	5.32	28.72	22.34	31.91	11.70	2.06	1.03	3.16
69	4	36	11	35	6	4	1	4.35	39.13	11.96	38.04	6.52	4.12	1.03	3.03
70a	48	0	0	0	0	0	0	100.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
70b	0	27	0	0	0	0	0	0.00	100.00	0.00	0.00	0.00	0.00	0.00	2.00
70c	0	1	39	0	0	0	0	0.00	2.50	97.50	0.00	0.00	0.00	0.00	2.98
70d	0	0	1	20	0	0	0	0.00	0.00	4.76	95.24	0.00	0.00	0.00	3.95
70e	0	0	0	0	2	0	0	0.00	0.00	0.00	0.00	100.00	0.00	0.00	5.00
71	0	6	6	83	2	0	0	0.00	6.19	6.19	85.57	2.06	0.00	0.00	3.84
72	19	51	23	4	0	0	0	19.59	52.58	23.71	4.12	0.00	0.00	0.00	2.12
73	58	37	1	1	0	0	0	59.79	38.14	1.03	1.03	0.00	0.00	0.00	1.43
74	59	34	3	1	0	0	0	60.82	35.05	3.09	1.03	0.00	0.00	0.00	1.44

Table 4A

QUESTIONNAIRE FOR NURSING HOME OWNERS

Responses Grouped by Topic

	Raw Tabulation							% of 1-5 Responses					% of Total Responses		Mean of 1-5 Responses
QUEST	R01	R02	R03	R04	R05	R06	R07	PCT1	PCT2	PCT3	PCT4	PCT5	PCT6	PCT7	AVG
SYSTEM OBJECTIVES															
1	30	42	8	10	6	1	0	31.25	43.75	8.33	10.42	6.25	1.03	0.00	2.17
6	3	5	9	40	38	2	0	3.16	5.26	9.47	42.11	40.00	2.06	0.00	4.11
11	37	47	4	7	1	1	0	38.54	48.96	4.17	7.29	1.04	1.03	0.00	1.83
12	30	56	8	5	4	2	0	31.58	58.95	8.00	5.26	4.21	2.06	0.00	1.92
16	7	31	13	22	18	6	0	7.69	34.07	14.29	24.18	19.78	6.19	0.00	3.14
18	6	25	22	28	14	2	0	6.32	26.32	23.16	29.47	14.74	2.06	0.00	3.20
22	51	30	8	3	1	4	0	54.84	32.26	8.60	3.23	1.08	4.12	0.00	1.63
24a	9	41	5	24	18	0	0	9.28	42.27	5.15	24.74	18.56	0.00	0.00	3.01
26b	7	50	10	22	6	1	1	7.37	52.63	10.53	23.16	6.32	1.03	1.03	2.68
26c	18	63	4	7	4	0	1	18.75	65.63	4.17	7.29	4.17	0.00	1.03	2.13
26d	9	55	8	17	7	0	1	9.38	57.29	8.33	17.71	7.29	0.00	1.03	2.56
26e	7	58	10	14	7	0	1	7.29	60.42	10.42	14.58	7.29	0.00	1.03	2.54
28	7	14	9	10	1	56	0	17.07	34.15	21.95	24.39	2.44	57.73	0.00	2.61
31	3	24	15	31	21	2	1	3.19	25.53	15.96	32.98	22.34	2.06	1.03	3.46
62	3	44	13	22	13	0	2	3.16	46.32	13.68	23.16	13.68	0.00	2.06	2.98
67	5	27	13	8	3	40	1	8.93	48.21	23.21	14.29	5.36	41.24	1.03	2.59
69	4	36	11	35	6	4	1	4.35	39.13	11.96	38.04	6.52	4.12	1.03	3.03
****	236	648	162	305	168	121	9	15.54	42.66	10.66	20.08	11.06	7.34	0.55	2.68
SYSTEM EFFECTIVENESS															
5	5	40	13	23	11	4	1	5.43	43.48	14.13	25.00	11.96	4.12	1.03	2.95
15	63	31	0	1	0	2	0	66.32	32.63	0.00	1.05	0.00	2.06	0.00	1.36
17	7	29	19	28	14	0	0	7.22	29.90	19.59	28.87	14.43	0.00	0.00	3.13
48	3	14	16	34	30	0	0	3.09	14.43	16.49	35.05	30.93	0.00	0.00	3.76
68	5	27	21	30	11	2	1	5.32	28.72	22.34	31.91	11.70	2.06	1.03	3.16
****	83	141	69	116	66	8	2	17.47	29.68	14.53	24.42	13.89	1.65	0.41	2.88
COMPLIANCE															
4	35	50	4	5	1	0	2	36.84	52.63	4.21	5.26	1.05	0.00	2.06	1.81
32	3	6	13	21	30	23	1	4.11	8.22	17.81	28.77	41.10	23.71	1.03	3.95
33	26	57	7	2	0	5	0	28.26	61.96	7.61	2.17	0.00	5.15	0.00	1.84
37	6	7	7	29	27	21	0	7.89	9.21	9.21	38.16	35.53	21.65	0.00	3.84
39	8	51	10	3	3	22	0	10.67	68.00	13.33	4.00	4.00	22.68	0.00	2.23
41	43	42	5	2	1	3	1	46.24	45.16	5.38	2.15	1.08	3.09	1.03	1.67
42a	29	42	10	11	1	2	2	31.18	45.16	10.75	11.83	1.08	2.06	2.06	2.06
42b	30	47	8	6	2	1	3	32.26	50.54	8.60	6.45	2.15	1.03	3.09	1.96
42c	9	40	9	27	8	2	2	9.68	43.01	9.68	29.03	8.60	2.06	2.06	2.84
42d	4	5	15	34	24	10	3	7.14	8.95	17.86	40.48	28.57	10.31	3.09	3.77
43	9	26	18	31	8	4	1	9.78	28.26	19.57	33.70	8.70	4.12	1.03	3.03
60	9	56	20	7	0	4	1	9.78	60.87	21.74	7.61	0.00	4.12	1.03	2.27
63	9	21	24	28	0	14	1	10.98	25.61	29.27	34.15	0.00	14.43	1.03	2.87
****	222	450	150	206	105	111	17	19.59	39.72	13.24	18.18	9.27	8.80	1.35	2.58
INSPECTOR PERFORMANC															
2	3	36	25	20	8	6	1	3.33	40.00	25.56	22.22	8.89	6.19	1.03	2.93
3	5	14	16	27	4	30	1	7.58	21.21	24.24	40.91	6.06	30.93	1.03	3.17
9	1	34	28	15	5	12	2	1.20	40.96	33.73	18.07	6.02	12.37	2.06	2.87
13	3	13	28	32	9	12	0	3.53	15.29	32.94	37.65	10.59	12.37	0.00	3.36
19	13	41	14	8	4	14	3	16.25	51.25	17.50	10.00	5.00	14.43	3.09	2.36
20	1	3	10	17	8	55	3	2.56	7.69	25.64	43.59	20.51	56.70	3.09	3.72
34	5	49	18	8	0	16	1	6.25	61.25	22.50	10.00	0.00	16.49	1.03	2.36
65	3	47	8	8	0	29	2	4.55	71.21	12.12	12.12	0.00	29.90	2.06	2.32
****	34	237	145	135	38	176	13	5.77	40.24	24.62	22.92	6.45	22.42	1.68	2.84

Table 4A (cont'd)

ACCREDITATION														
7	7	20	21	22	21	5	1	7.69	21.98	23.08	24.18	23.08	5.15	1.03	3.33
64	4	14	13	38	11	16	1	5.00	17.50	16.25	47.50	13.75	16.49	1.03	3.48
66	5	29	17	23	7	13	3	6.17	35.80	20.99	28.40	8.64	13.40	3.09	2.98
****	16	63	51	83	39	34	5	6.35	25.00	20.24	32.94	15.48	11.68	1.72	3.26
MINISTRY MANAGEMENT														
10	2	5	13	13	2	60	2	5.71	14.29	37.14	37.14	5.71	61.86	2.06	3.23
21	0	7	17	17	7	48	1	0.00	14.58	35.42	35.42	14.58	49.48	1.03	3.50
47	0	9	9	35	41	3	0	0.00	9.57	9.57	37.23	43.62	3.09	0.00	4.15
****	2	21	39	65	50	111	3	1.13	11.86	22.03	36.72	28.25	38.14	1.03	3.79
CONSISTENCY														
14	64	30	2	0	0	0	1	66.67	31.25	2.08	0.00	0.00	0.00	1.03	1.35
36	4	7	3	33	47	3	0	4.26	7.45	3.19	35.11	50.00	3.09	0.00	4.19
49	15	16	9	11	3	43	0	27.78	29.63	16.67	20.37	5.56	44.33	0.00	2.46
****	83	53	14	44	50	46	1	34.02	21.72	5.74	18.03	20.49	15.81	0.34	2.69
COMPLAINTS														
24	5	7	14	33	21	17	0	6.25	8.75	17.50	41.25	26.25	17.53	0.00	3.73
25	19	28	12	6	0	29	3	29.23	43.08	18.46	9.23	0.00	29.90	3.09	2.08
53	0	28	30	13	7	18	1	0.00	35.90	38.46	16.67	8.97	18.56	1.03	2.99
****	24	63	56	52	28	64	4	10.76	28.25	25.11	23.32	12.56	21.99	1.37	2.99
REGULATIONS														
26a	9	41	5	24	18	0	0	9.28	42.27	5.15	24.74	18.56	0.00	0.00	3.01
26b	7	50	10	22	6	1	1	7.37	52.63	10.53	23.16	6.32	1.03	1.03	2.68
26c	18	63	4	7	6	0	1	18.75	65.63	4.17	7.29	4.17	0.00	1.03	2.13
26d	9	55	8	17	7	0	1	9.38	57.29	8.33	17.71	7.29	0.00	1.03	2.56
26e	7	58	10	14	7	0	1	7.29	60.42	10.42	14.58	7.29	0.00	1.03	2.54
27	32	51	3	5	0	6	0	35.16	56.04	3.30	5.49	0.00	6.19	0.00	1.79
29	11	36	25	18	1	5	1	12.09	39.56	27.47	19.78	1.10	5.15	1.03	2.58
30	2	9	8	34	27	13	2	2.44	10.98	9.76	43.90	32.93	13.40	2.06	3.96
35	50	24	14	8	0	1	0	52.08	25.00	14.58	8.33	0.00	1.03	0.00	1.79
38	0	7	18	38	34	0	0	0.00	7.22	18.56	39.18	35.05	0.00	0.00	4.02
40	4	26	11	35	21	0	0	4.12	26.80	11.34	36.08	21.65	0.00	0.00	3.44
46	3	8	9	30	20	27	0	4.29	11.43	12.86	42.86	28.57	27.84	0.00	3.80
53	0	28	30	13	7	18	1	0.00	35.90	38.46	16.67	8.97	18.56	1.03	2.99
59	10	30	26	23	5	4	1	10.87	32.61	28.26	25.00	5.26	4.12	1.03	2.77
****	162	486	181	290	155	75	9	12.72	38.15	14.21	22.76	12.17	5.52	0.66	2.84
PROSECUTION														
44	20	35	5	2	0	34	1	32.26	56.45	8.06	3.23	0.00	35.05	1.03	1.82
45	25	23	7	3	0	38	1	43.10	39.66	12.07	5.17	0.00	39.18	1.03	1.79
61	0	33	12	30	17	4	1	0.00	35.87	13.04	32.61	18.48	4.12	1.03	3.36
****	45	91	24	35	17	76	3	21.23	42.92	11.32	16.51	8.02	26.12	1.03	2.47
OTHER LTC FACILITIES														
8	88	7	0	2	0	0	0	90.72	7.22	0.00	2.06	0.00	0.00	0.00	1.13
58	74	17	2	2	1	1	0	77.08	17.71	2.08	2.08	1.04	1.03	0.00	1.32
****	162	24	2	4	1	1	0	83.94	12.44	1.04	2.07	0.52	0.52	0.00	1.23
PHYSICIANS														
51	12	29	29	18	5	3	1	12.90	31.18	31.18	19.35	5.38	3.09	1.03	2.73
****	12	29	29	18	5	3	1	12.90	31.18	31.18	19.35	5.38	3.09	1.03	2.73